

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$76,694,000	\$17,282,000	(\$59,412,000)	-77%
2	Short Term Investments	\$9,418,000	\$37,626,000	\$28,208,000	300%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$65,284,000	\$64,589,000	(\$695,000)	-1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,521,000	\$0	(\$1,521,000)	-100%
5	Due From Affiliates	\$4,864,000	\$47,486,000	\$42,622,000	876%
6	Due From Third Party Payers	\$0	\$5,513,000	\$5,513,000	0%
7	Inventories of Supplies	\$9,701,000	\$8,913,000	(\$788,000)	-8%
8	Prepaid Expenses	\$8,457,000	\$3,861,000	(\$4,596,000)	-54%
9	Other Current Assets	\$2,211,000	\$3,498,000	\$1,287,000	58%
	<b>Total Current Assets</b>	<b>\$178,150,000</b>	<b>\$188,768,000</b>	<b>\$10,618,000</b>	<b>6%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$48,893,000	\$0	(\$48,893,000)	-100%
2	Board Designated for Capital Acquisition	\$21,784,000	\$98,242,000	\$76,458,000	351%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$3,582,000	\$2,118,000	(\$1,464,000)	-41%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$74,259,000</b>	<b>\$100,360,000</b>	<b>\$26,101,000</b>	<b>35%</b>
5	Interest in Net Assets of Foundation	\$9,394,000	\$13,266,000	\$3,872,000	41%
6	Long Term Investments	\$25,350,000	\$48,717,000	\$23,367,000	92%
7	Other Noncurrent Assets	\$7,117,000	\$7,050,000	(\$67,000)	-1%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$873,910,000	\$418,811,000	(\$455,099,000)	-52%
2	Less: Accumulated Depreciation	\$427,558,000	\$43,734,000	(\$383,824,000)	-90%
	<b>Property, Plant and Equipment, Net</b>	<b>\$446,352,000</b>	<b>\$375,077,000</b>	<b>(\$71,275,000)</b>	<b>-16%</b>
3	Construction in Progress	\$8,411,000	\$14,905,000	\$6,494,000	77%
	<b>Total Net Fixed Assets</b>	<b>\$454,763,000</b>	<b>\$389,982,000</b>	<b>(\$64,781,000)</b>	<b>-14%</b>
	<b>Total Assets</b>	<b>\$749,033,000</b>	<b>\$748,143,000</b>	<b>(\$890,000)</b>	<b>0%</b>
II.	<b>LIABILITIES AND NET ASSETS</b>				

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A.</b>	<b><u>Current Liabilities:</u></b>				
1	Accounts Payable and Accrued Expenses	\$36,361,000	\$34,163,000	(\$2,198,000)	-6%
2	Salaries, Wages and Payroll Taxes	\$33,492,000	\$38,144,000	\$4,652,000	14%
3	Due To Third Party Payers	\$12,528,000	\$8,953,000	(\$3,575,000)	-29%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$7,298,000	\$6,925,000	(\$373,000)	-5%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,680,000	\$9,045,000	\$2,365,000	35%
	<b>Total Current Liabilities</b>	<b>\$96,359,000</b>	<b>\$97,230,000</b>	<b>\$871,000</b>	<b>1%</b>
<b>B.</b>	<b><u>Long Term Debt:</u></b>				
1	Bonds Payable (Net of Current Portion)	\$244,154,000	\$237,732,000	(\$6,422,000)	-3%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$244,154,000</b>	<b>\$237,732,000</b>	<b>(\$6,422,000)</b>	<b>-3%</b>
3	Accrued Pension Liability	\$278,582,000	\$227,408,000	(\$51,174,000)	-18%
4	Other Long Term Liabilities	\$0	\$51,868,000	\$51,868,000	0%
	<b>Total Long Term Liabilities</b>	<b>\$522,736,000</b>	<b>\$517,008,000</b>	<b>(\$5,728,000)</b>	<b>-1%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C.</b>	<b><u>Net Assets:</u></b>				
1	Unrestricted Net Assets or Equity	\$52,342,000	\$49,222,000	(\$3,120,000)	-6%
2	Temporarily Restricted Net Assets	\$24,417,000	\$29,372,000	\$4,955,000	20%
3	Permanently Restricted Net Assets	\$53,179,000	\$55,311,000	\$2,132,000	4%
	<b>Total Net Assets</b>	<b>\$129,938,000</b>	<b>\$133,905,000</b>	<b>\$3,967,000</b>	<b>3%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$749,033,000</b>	<b>\$748,143,000</b>	<b>(\$890,000)</b>	<b>0%</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$485,425,305	\$475,284,952	(\$10,140,353)	-2%
2	MEDICARE MANAGED CARE	\$186,354,533	\$189,596,392	\$3,241,859	2%
3	MEDICAID	\$244,382,955	\$242,767,469	(\$1,615,486)	-1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,968,932	\$1,913,473	(\$55,459)	-3%
6	COMMERCIAL INSURANCE	\$15,198,993	\$16,077,025	\$878,032	6%
7	NON-GOVERNMENT MANAGED CARE	\$289,785,095	\$301,111,592	\$11,326,497	4%
8	WORKER'S COMPENSATION	\$6,037,299	\$7,228,194	\$1,190,895	20%
9	SELF- PAY/UNINSURED	\$7,628,171	\$9,662,604	\$2,034,433	27%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$1,236,781,283</b>	<b>\$1,243,641,701</b>	<b>\$6,860,418</b>	<b>1%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$200,813,167	\$240,166,572	\$39,353,405	20%
2	MEDICARE MANAGED CARE	\$96,979,672	\$120,003,319	\$23,023,647	24%
3	MEDICAID	\$218,258,357	\$246,555,189	\$28,296,832	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$2,957,650	\$2,858,563	(\$99,087)	-3%
6	COMMERCIAL INSURANCE	\$23,654,818	\$27,769,869	\$4,115,051	17%
7	NON-GOVERNMENT MANAGED CARE	\$294,728,044	\$339,034,932	\$44,306,888	15%
8	WORKER'S COMPENSATION	\$8,756,957	\$8,058,450	(\$698,507)	-8%
9	SELF- PAY/UNINSURED	\$21,440,444	\$24,115,901	\$2,675,457	12%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$867,589,109</b>	<b>\$1,008,562,795</b>	<b>\$140,973,686</b>	<b>16%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$686,238,472	\$715,451,524	\$29,213,052	4%
2	MEDICARE MANAGED CARE	\$283,334,205	\$309,599,711	\$26,265,506	9%
3	MEDICAID	\$462,641,312	\$489,322,658	\$26,681,346	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$4,926,582	\$4,772,036	(\$154,546)	-3%
6	COMMERCIAL INSURANCE	\$38,853,811	\$43,846,894	\$4,993,083	13%
7	NON-GOVERNMENT MANAGED CARE	\$584,513,139	\$640,146,524	\$55,633,385	10%
8	WORKER'S COMPENSATION	\$14,794,256	\$15,286,644	\$492,388	3%
9	SELF- PAY/UNINSURED	\$29,068,615	\$33,778,505	\$4,709,890	16%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$2,104,370,392</b>	<b>\$2,252,204,496</b>	<b>\$147,834,104</b>	<b>7%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$150,461,981	\$148,310,669	(\$2,151,312)	-1%
2	MEDICARE MANAGED CARE	\$53,492,336	\$55,209,200	\$1,716,864	3%
3	MEDICAID	\$55,421,145	\$54,544,225	(\$876,920)	-2%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$627,627	\$420,378	(\$207,249)	-33%
6	COMMERCIAL INSURANCE	\$9,599,885	\$7,450,206	(\$2,149,679)	-22%
7	NON-GOVERNMENT MANAGED CARE	\$154,995,712	\$164,257,850	\$9,262,138	6%
8	WORKER'S COMPENSATION	\$4,328,799	\$4,642,358	\$313,559	7%
9	SELF- PAY/UNINSURED	\$295,974	\$1,745,819	\$1,449,845	490%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$429,223,459</b>	<b>\$436,580,705</b>	<b>\$7,357,246</b>	<b>2%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$40,740,412	\$47,501,344	\$6,760,932	17%
2	MEDICARE MANAGED CARE	\$18,069,456	\$23,375,276	\$5,305,820	29%
3	MEDICAID	\$42,867,455	\$39,371,301	(\$3,496,154)	-8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$403,767	\$532,351	\$128,584	32%
6	COMMERCIAL INSURANCE	\$10,431,185	\$11,721,020	\$1,289,835	12%
7	NON-GOVERNMENT MANAGED CARE	\$122,470,467	\$142,861,503	\$20,391,036	17%
8	WORKER'S COMPENSATION	\$6,316,610	\$4,348,289	(\$1,968,321)	-31%
9	SELF- PAY/UNINSURED	\$1,301,392	\$5,498,861	\$4,197,469	323%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$242,600,744</b>	<b>\$275,209,945</b>	<b>\$32,609,201</b>	<b>13%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$191,202,393	\$195,812,013	\$4,609,620	2%
2	MEDICARE MANAGED CARE	\$71,561,792	\$78,584,476	\$7,022,684	10%
3	MEDICAID	\$98,288,600	\$93,915,526	(\$4,373,074)	-4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,031,394	\$952,729	(\$78,665)	-8%
6	COMMERCIAL INSURANCE	\$20,031,070	\$19,171,226	(\$859,844)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$277,466,179	\$307,119,353	\$29,653,174	11%
8	WORKER'S COMPENSATION	\$10,645,409	\$8,990,647	(\$1,654,762)	-16%
9	SELF- PAY/UNINSURED	\$1,597,366	\$7,244,680	\$5,647,314	354%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$671,824,203</b>	<b>\$711,790,650</b>	<b>\$39,966,447</b>	<b>6%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	10,660	10,696	36	0%
2	MEDICARE MANAGED CARE	3,749	4,067	318	8%
3	MEDICAID	7,833	8,114	281	4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	76	78	2	3%
6	COMMERCIAL INSURANCE	468	459	(9)	-2%
7	NON-GOVERNMENT MANAGED CARE	8,446	8,676	230	3%
8	WORKER'S COMPENSATION	134	138	4	3%
9	SELF- PAY/UNINSURED	266	306	40	15%
10	SAGA	0	0	0	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>31,632</b>	<b>32,534</b>	<b>902</b>	<b>3%</b>
<b>B.</b>	<b><u>PATIENT DAYS</u></b>				
1	MEDICARE TRADITIONAL	57,188	51,430	(5,758)	-10%
2	MEDICARE MANAGED CARE	20,949	19,770	(1,179)	-6%
3	MEDICAID	38,467	36,841	(1,626)	-4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	230	287	57	25%
6	COMMERCIAL INSURANCE	1,775	1,766	(9)	-1%
7	NON-GOVERNMENT MANAGED CARE	32,566	32,198	(368)	-1%
8	WORKER'S COMPENSATION	337	363	26	8%
9	SELF- PAY/UNINSURED	978	1,053	75	8%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>152,490</b>	<b>143,708</b>	<b>(8,782)</b>	<b>-6%</b>
<b>C.</b>	<b><u>OUTPATIENT VISITS</u></b>				
1	MEDICARE TRADITIONAL	45,602	49,407	3,805	8%
2	MEDICARE MANAGED CARE	22,570	26,403	3,833	17%
3	MEDICAID	89,312	94,137	4,825	5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	719	687	(32)	-4%
6	COMMERCIAL INSURANCE	6,787	6,729	(58)	-1%
7	NON-GOVERNMENT MANAGED CARE	72,029	76,304	4,275	6%
8	WORKER'S COMPENSATION	2,207	1,950	(257)	-12%
9	SELF- PAY/UNINSURED	10,236	10,629	393	4%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>249,462</b>	<b>266,246</b>	<b>16,784</b>	<b>7%</b>
<b>IV.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u></b>				
<b>A.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$48,516,920	\$57,099,282	\$8,582,362	18%
2	MEDICARE MANAGED CARE	\$26,203,899	\$37,876,143	\$11,672,244	45%
3	MEDICAID	\$119,276,038	\$127,474,588	\$8,198,550	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$577,476	\$585,251	\$7,775	1%
6	COMMERCIAL INSURANCE	\$6,381,661	\$7,214,507	\$832,846	13%
7	NON-GOVERNMENT MANAGED CARE	\$61,801,036	\$70,140,951	\$8,339,915	13%
8	WORKER'S COMPENSATION	\$4,147,384	\$3,924,700	(\$222,684)	-5%
9	SELF- PAY/UNINSURED	\$14,170,654	\$15,673,131	\$1,502,477	11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$281,075,068</b>	<b>\$319,988,553</b>	<b>\$38,913,485</b>	<b>14%</b>
<b>B.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$7,188,208	\$7,928,104	\$739,896	10%
2	MEDICARE MANAGED CARE	\$3,853,311	\$5,298,379	\$1,445,068	38%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$12,671,710	\$14,292,884	\$1,621,174	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$81,164	\$78,614	(\$2,550)	-3%
6	COMMERCIAL INSURANCE	\$2,898,178	\$3,497,036	\$598,858	21%
7	NON-GOVERNMENT MANAGED CARE	\$28,463,169	\$32,689,047	\$4,225,878	15%
8	WORKER'S COMPENSATION	\$2,487,321	\$1,870,735	(\$616,586)	-25%
9	SELF- PAY/UNINSURED	\$194,026	\$263,809	\$69,783	36%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$57,837,087</b>	<b>\$65,918,608</b>	<b>\$8,081,521</b>	<b>14%</b>
<b>C.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u></b>				
1	MEDICARE TRADITIONAL	9,206	10,211	1,005	11%
2	MEDICARE MANAGED CARE	4,429	5,631	1,202	27%
3	MEDICAID	32,138	33,746	1,608	5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	131	118	(13)	-10%
6	COMMERCIAL INSURANCE	1,342	1,523	181	13%
7	NON-GOVERNMENT MANAGED CARE	12,743	13,602	859	7%
8	WORKER'S COMPENSATION	1,317	1,192	(125)	-9%
9	SELF- PAY/UNINSURED	4,058	4,334	276	7%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>65,364</b>	<b>70,357</b>	<b>4,993</b>	<b>8%</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. OPERATING EXPENSE BY CATEGORY</b>					
<b>A. Salaries &amp; Wages:</b>					
1	Nursing Salaries	\$112,764,341	\$111,359,940	(\$1,404,401)	-1%
2	Physician Salaries	\$5,224,559	\$4,782,238	(\$442,321)	-8%
3	Non-Nursing, Non-Physician Salaries	\$139,632,328	\$141,852,922	\$2,220,594	2%
	<b>Total Salaries &amp; Wages</b>	<b>\$257,621,228</b>	<b>\$257,995,100</b>	<b>\$373,872</b>	<b>0%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$29,800,759	\$27,935,730	(\$1,865,029)	-6%
2	Physician Fringe Benefits	\$1,380,719	\$1,199,671	(\$181,048)	-13%
3	Non-Nursing, Non-Physician Fringe Benefits	\$36,901,287	\$35,588,192	(\$1,313,095)	-4%
	<b>Total Fringe Benefits</b>	<b>\$68,082,765</b>	<b>\$64,723,593</b>	<b>(\$3,359,172)</b>	<b>-5%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$3,021,592	\$1,297,560	(\$1,724,032)	-57%
2	Physician Fees	\$47,535,764	\$52,216,369	\$4,680,605	10%
3	Non-Nursing, Non-Physician Fees	\$11,574,127	\$29,492,407	\$17,918,280	155%
	<b>Total Contractual Labor Fees</b>	<b>\$62,131,483</b>	<b>\$83,006,336</b>	<b>\$20,874,853</b>	<b>34%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$70,091,969	\$77,580,024	\$7,488,055	11%
2	Pharmaceutical Costs	\$29,372,742	\$36,159,447	\$6,786,705	23%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$99,464,711</b>	<b>\$113,739,471</b>	<b>\$14,274,760</b>	<b>14%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$13,831,599	\$11,044,213	(\$2,787,386)	-20%
2	Depreciation-Equipment	\$23,473,172	\$32,783,252	\$9,310,080	40%
3	Amortization	\$408,939	\$0	(\$408,939)	-100%
	<b>Total Depreciation and Amortization</b>	<b>\$37,713,710</b>	<b>\$43,827,465</b>	<b>\$6,113,755</b>	<b>16%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$0	\$0	\$0	0%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$11,151,596	\$8,464,953	(\$2,686,643)	-24%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$10,303,205	\$8,752,762	(\$1,550,443)	-15%
<b>I. Utilities:</b>					
1	Water	\$921,343	\$1,114,258	\$192,915	21%
2	Natural Gas	\$3,191,276	\$3,232,400	\$41,124	1%
3	Oil	\$19,611	\$6,807	(\$12,804)	-65%
4	Electricity	\$7,072,327	\$7,080,184	\$7,857	0%
5	Telephone	\$1,623,999	\$1,510,861	(\$113,138)	-7%
6	Other Utilities	\$0	\$0	\$0	0%
	<b>Total Utilities</b>	<b>\$12,828,556</b>	<b>\$12,944,510</b>	<b>\$115,954</b>	<b>1%</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J.</b>	<b><u>Business Expenses:</u></b>				
1	Accounting Fees	\$615,565	\$1,325,231	\$709,666	115%
2	Legal Fees	\$2,329,779	\$1,617,544	(\$712,235)	-31%
3	Consulting Fees	\$10,613,420	\$10,011,532	(\$601,888)	-6%
4	Dues and Membership	\$2,217,392	\$2,236,185	\$18,793	1%
5	Equipment Leases	\$3,553,318	\$2,338,592	(\$1,214,726)	-34%
6	Building Leases	\$4,828,080	\$4,598,895	(\$229,185)	-5%
7	Repairs and Maintenance	\$12,665,795	\$12,374,652	(\$291,143)	-2%
8	Insurance	\$1,377,743	\$1,987,617	\$609,874	44%
9	Travel	\$1,399,156	\$1,173,081	(\$226,075)	-16%
10	Conferences	\$727,955	\$646,259	(\$81,696)	-11%
11	Property Tax	\$2,111,955	\$1,942,834	(\$169,121)	-8%
12	General Supplies	\$3,856,318	\$4,271,750	\$415,432	11%
13	Licenses and Subscriptions	\$479,725	\$435,836	(\$43,889)	-9%
14	Postage and Shipping	\$696,720	\$825,796	\$129,076	19%
15	Advertising	\$1,682,924	\$1,521,550	(\$161,374)	-10%
16	Corporate parent/system fees	\$0	\$13,822,674	\$13,822,674	0%
17	Computer Software	\$13,352,198	\$11,652,288	(\$1,699,910)	-13%
18	Computer hardware & small equipment	\$1,168,479	\$2,018,742	\$850,263	73%
19	Dietary / Food Services	\$5,618,300	\$6,429,434	\$811,134	14%
20	Lab Fees / Red Cross charges	\$4,133,968	\$3,451,211	(\$682,757)	-17%
21	Billing & Collection / Bank Fees	\$2,856,315	\$2,569,038	(\$287,277)	-10%
22	Recruiting / Employee Education & Recognition	\$635,599	\$833,807	\$198,208	31%
23	Laundry / Linen	\$1,625,930	\$1,826,815	\$200,885	12%
24	Professional / Physician Fees	\$1,504,826	\$1,962,815	\$457,989	30%
25	Waste disposal	\$1,466,601	\$1,596,703	\$130,102	9%
26	Purchased Services - Medical	\$510,909	\$627,727	\$116,818	23%
27	Purchased Services - Non Medical	\$1,461,150	\$464,102	(\$997,048)	-68%
28	Other Business Expenses	\$6,102,067	\$39,251,532	\$33,149,465	543%
	<b>Total Business Expenses</b>	<b>\$89,592,187</b>	<b>\$133,814,242</b>	<b>\$44,222,055</b>	<b>49%</b>
<b>K.</b>	<b><u>Other Operating Expense:</u></b>				
1	Miscellaneous Other Operating Expenses	\$32,722,891	\$33,429,366	\$706,475	2%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$681,612,332</b>	<b>\$760,697,798</b>	<b>\$79,085,466</b>	<b>12%</b>
<b>*A.-K.The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>					
<b>II.</b>	<b><u>OPERATING EXPENSE BY DEPARTMENT</u></b>				
<b>A.</b>	<b><u>General Services:</u></b>				
1	General Administration	\$91,759,854	\$145,813,231	\$54,053,377	59%
2	General Accounting	\$3,129,580	\$4,666,241	\$1,536,661	49%
3	Patient Billing & Collection	\$8,154,927	\$7,659,896	(\$495,031)	-6%
4	Admitting / Registration Office	\$3,560,167	\$3,454,126	(\$106,041)	-3%
5	Data Processing	\$22,090,779	\$26,293,893	\$4,203,114	19%



<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2015 ACTUAL</b>	<b>FY 2016 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
6	Communications	\$12,956,535	\$13,592,460	\$635,925	5%
7	Personnel	\$5,833,771	\$6,527,210	\$693,439	12%
8	Public Relations	\$2,046,933	\$1,724,322	(\$322,611)	-16%
9	Purchasing	\$3,171,762	\$3,087,222	(\$84,540)	-3%
10	Dietary and Cafeteria	\$9,471,360	\$10,686,575	\$1,215,215	13%
11	Housekeeping	\$9,213,880	\$9,606,686	\$392,806	4%
12	Laundry & Linen	\$4,544,812	\$5,528,816	\$984,004	22%
13	Operation of Plant	\$19,966,356	\$20,631,526	\$665,170	3%
14	Security	\$3,474,089	\$3,340,516	(\$133,573)	-4%
15	Repairs and Maintenance	\$8,918,316	\$8,492,374	(\$425,942)	-5%
16	Central Sterile Supply	\$4,541,794	\$5,129,226	\$587,432	13%
17	Pharmacy Department	\$36,591,140	\$42,443,359	\$5,852,219	16%
18	Other General Services	\$69,655,000	\$64,328,626	(\$5,326,374)	-8%
	<b>Total General Services</b>	<b>\$319,081,055</b>	<b>\$383,006,305</b>	<b>\$63,925,250</b>	<b>20%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$26,258,606	\$27,064,867	\$806,261	3%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$13,266,849	\$12,112,096	(\$1,154,753)	-9%
4	Medical Records	\$5,105,584	\$5,784,380	\$678,796	13%
5	Social Service	\$4,649,253	\$4,718,174	\$68,921	1%
6	Other Professional Services	\$25,582,454	\$25,964,101	\$381,647	1%
	<b>Total Professional Services</b>	<b>\$74,862,746</b>	<b>\$75,643,618</b>	<b>\$780,872</b>	<b>1%</b>
<b>C.</b>	<b>Special Services:</b>				
1	Operating Room	\$49,076,827	\$54,414,853	\$5,338,026	11%
2	Recovery Room	\$3,190,315	\$3,523,781	\$333,466	10%
3	Anesthesiology	\$2,602,363	\$2,910,731	\$308,368	12%
4	Delivery Room	\$5,263,698	\$5,661,345	\$397,647	8%
5	Diagnostic Radiology	\$9,247,480	\$9,531,820	\$284,340	3%
6	Diagnostic Ultrasound	\$2,442,605	\$2,684,374	\$241,769	10%
7	Radiation Therapy	\$4,123,063	\$4,003,849	(\$119,214)	-3%
8	Radioisotopes	\$1,718,178	\$1,645,482	(\$72,696)	-4%
9	CT Scan	\$2,341,241	\$2,548,923	\$207,682	9%
10	Laboratory	\$21,690,614	\$20,980,179	(\$710,435)	-3%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$19,699,097	\$19,636,629	(\$62,468)	0%
13	Electrocardiology	\$308,007	\$338,285	\$30,278	10%
14	Electroencephalography	\$303,053	\$521,988	\$218,935	72%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,295,920	\$3,490,833	\$194,913	6%
19	Pulmonary Function	\$1,167,066	\$1,317,444	\$150,378	13%
20	Intravenous Therapy	\$1,628,105	\$1,690,816	\$62,711	4%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$706,437	\$708,672	\$2,235	0%
23	Renal Dialysis	\$1,523,944	\$1,435,233	(\$88,711)	-6%
24	Emergency Room	\$17,252,641	\$18,127,718	\$875,077	5%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
25	MRI	\$2,193,483	\$2,220,702	\$27,219	1%
26	PET Scan	\$274,415	\$582,875	\$308,460	112%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$5,304,244	\$5,027,458	(\$276,786)	-5%
29	Sleep Center	\$325,481	\$341,214	\$15,733	5%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$7,984,317	\$8,680,205	\$695,888	9%
32	Occupational Therapy / Physical Therapy	\$3,523,533	\$3,932,236	\$408,703	12%
33	Dental Clinic	\$1,425,916	\$1,445,078	\$19,162	1%
34	Other Special Services	\$6,384,741	\$9,624,759	\$3,240,018	51%
	<b>Total Special Services</b>	<b>\$174,996,784</b>	<b>\$187,027,482</b>	<b>\$12,030,698</b>	<b>7%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$57,638,812	\$57,031,713	(\$607,099)	-1%
2	Intensive Care Unit	\$7,303,390	\$6,813,283	(\$490,107)	-7%
3	Coronary Care Unit	\$4,948,317	\$4,443,968	(\$504,349)	-10%
4	Psychiatric Unit	\$7,263,740	\$7,046,829	(\$216,911)	-3%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,027,887	\$4,251,112	\$223,225	6%
7	Newborn Nursery Unit	\$443,932	\$449,172	\$5,240	1%
8	Neonatal ICU	\$4,317,732	\$3,987,848	(\$329,884)	-8%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$12,562,426	\$11,207,477	(\$1,354,949)	-11%
11	Home Care	\$660,832	\$2,243,876	\$1,583,044	240%
12	Outpatient Clinics	\$5,799,200	\$8,566,532	\$2,767,332	48%
13	Other Routine Services	\$5,388,307	\$5,100,949	(\$287,358)	-5%
	<b>Total Routine Services</b>	<b>\$110,354,575</b>	<b>\$111,142,759</b>	<b>\$788,184</b>	<b>1%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$2,317,172	\$3,877,634	\$1,560,462	67%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$681,612,332</b>	<b>\$760,697,798</b>	<b>\$79,085,466</b>	<b>12%</b>
<b>*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$648,781,738	\$649,231,569	\$730,460,340
2	Other Operating Revenue	32,428,240	35,437,869	40,641,698
3	Total Operating Revenue	\$681,209,978	\$684,669,438	\$771,102,038
4	Total Operating Expenses	666,788,583	681,612,332	760,697,798
5	Income/(Loss) From Operations	\$14,421,395	\$3,057,106	\$10,404,240
6	Total Non-Operating Revenue	1,198,724	(20,060,236)	1,924,823
7	Excess/(Deficiency) of Revenue Over Expenses	\$15,620,119	(\$17,003,130)	\$12,329,063
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	2.11%	0.46%	1.35%
2	Hospital Non Operating Margin	0.18%	-3.02%	0.25%
3	Hospital Total Margin	2.29%	-2.56%	1.59%
4	Income/(Loss) From Operations	\$14,421,395	\$3,057,106	\$10,404,240
5	Total Operating Revenue	\$681,209,978	\$684,669,438	\$771,102,038
6	Total Non-Operating Revenue	\$1,198,724	(\$20,060,236)	\$1,924,823
7	Total Revenue	\$682,408,702	\$664,609,202	\$773,026,861
8	Excess/(Deficiency) of Revenue Over Expenses	\$15,620,119	(\$17,003,130)	\$12,329,063
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$100,020,000	\$52,342,000	\$49,222,000
2	Hospital Total Net Assets	\$181,694,000	\$129,938,000	\$133,905,000
3	Hospital Change in Total Net Assets	(\$27,262,000)	(\$51,756,000)	\$3,967,000
4	Hospital Change in Total Net Assets %	87.0%	-28.5%	3.1%
<b>D. <u>Cost Data Summary</u></b>				

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
<b>1</b>	<b><u>Ratio of Cost to Charges</u></b>	<b>0.33</b>	<b>0.32</b>	<b>0.33</b>
2	Total Operating Expenses	\$666,788,583	\$681,612,332	\$760,697,798
3	Total Gross Revenue	\$1,988,630,574	\$2,104,370,392	\$2,252,204,496
4	Total Other Operating Revenue	\$28,501,028	\$31,281,747	\$37,244,898
<b>5</b>	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.40</b>	<b>1.51</b>	<b>1.44</b>
6	Total Non-Government Payments	\$287,706,838	\$309,740,024	\$342,525,906
7	Total Uninsured Payments	\$735,924	\$1,597,366	\$7,244,680
8	Total Non-Government Charges	\$652,139,718	\$667,229,821	\$733,058,567
9	Total Uninsured Charges	\$32,505,477	\$29,068,615	\$33,778,505
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.93</b>	<b>0.85</b>	<b>0.81</b>
11	Total Medicare Payments	\$275,515,865	\$262,764,185	\$274,396,489
12	Total Medicare Charges	\$899,758,861	\$969,572,677	\$1,025,051,235
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.71</b>	<b>0.67</b>	<b>0.58</b>
14	Total Medicaid Payments	\$101,488,590	\$98,288,600	\$93,915,526
15	Total Medicaid Charges	\$432,890,493	\$462,641,312	\$489,322,658
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$8,707,888</b>	<b>\$8,006,401</b>	<b>\$7,366,390</b>
17	Charity Care	\$4,494,629	\$4,105,108	\$7,595,231
18	Bad Debts	\$21,847,988	\$20,980,833	\$14,575,173
19	Total Uncompensated Care	\$26,342,617	\$25,085,941	\$22,170,404
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>1.3%</b>	<b>1.2%</b>	<b>1.0%</b>
21	Total Operating Expenses	\$666,788,583	\$681,612,332	\$760,697,798

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
<b>E. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>2</b>	<b>2</b>	<b>2</b>
2	Total Current Assets	\$198,157,000	\$178,150,000	\$188,768,000
3	Total Current Liabilities	\$97,352,000	\$96,359,000	\$97,230,000
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>55</b>	<b>49</b>	<b>28</b>
5	Cash and Cash Equivalents	\$70,507,000	\$76,694,000	\$17,282,000
6	Short Term Investments	25,411,000	9,418,000	37,626,000
7	Total Cash and Short Term Investments	\$95,918,000	\$86,112,000	\$54,908,000
8	Total Operating Expenses	\$666,788,583	\$681,612,332	\$760,697,798
9	Depreciation Expense	\$35,799,072	\$37,713,710	\$43,827,465
10	Operating Expenses less Depreciation Expense	\$630,989,511	\$643,898,622	\$716,870,333
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>32</b>	<b>30</b>	<b>31</b>
12	Net Patient Accounts Receivable	\$70,949,000	\$65,284,000	\$64,589,000
13	Due From Third Party Payers	\$0	\$0	\$5,513,000
14	Due To Third Party Payers	\$14,939,000	\$12,528,000	\$8,953,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$56,010,000	\$52,756,000	\$61,149,000
16	Total Net Patient Revenue	\$648,781,738	\$649,231,569	\$730,460,340
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>56</b>	<b>55</b>	<b>50</b>
18	Total Current Liabilities	\$97,352,000	\$96,359,000	\$97,230,000
19	Total Operating Expenses	\$666,788,583	\$681,612,332	\$760,697,798
20	Depreciation Expense	\$35,799,072	\$37,713,710	\$43,827,465
21	Total Operating Expenses less Depreciation Expense	\$630,989,511	\$643,898,622	\$716,870,333

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
<b>F.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>23.3</b>	<b>17.3</b>	<b>17.9</b>
2	Total Net Assets	\$181,694,000	\$129,938,000	\$133,905,000
3	Total Assets	\$780,166,000	\$749,033,000	\$748,143,000
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>14.7</b>	<b>6.1</b>	<b>16.8</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$15,620,119	(\$17,003,130)	\$12,329,063
6	Depreciation Expense	\$35,799,072	\$37,713,710	\$43,827,465
7	Excess of Revenues Over Expenses and Depreciation Expense	\$51,419,191	\$20,710,580	\$56,156,528
8	Total Current Liabilities	\$97,352,000	\$96,359,000	\$97,230,000
9	Total Long Term Debt	\$251,476,000	\$244,154,000	\$237,732,000
10	Total Current Liabilities and Total Long Term Debt	\$348,828,000	\$340,513,000	\$334,962,000
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>58.1</b>	<b>65.3</b>	<b>64.0</b>
12	Total Long Term Debt	\$251,476,000	\$244,154,000	\$237,732,000
13	Total Net Assets	\$181,694,000	\$129,938,000	\$133,905,000
14	Total Long Term Debt and Total Net Assets	\$433,170,000	\$374,092,000	\$371,637,000
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>3.1</b>	<b>1.6</b>	<b>4.8</b>
16	Excess Revenues over Expenses	15,620,119	(\$17,003,130)	\$12,329,063
17	Interest Expense	11,620,321	\$11,151,596	\$8,464,953
18	Depreciation and Amortization Expense	35,799,072	\$37,713,710	\$43,827,465
19	Principal Payments	8,595,000	\$8,785,000	\$4,888,255
<b>G.</b>	<b><u>Other Financial Ratios</u></b>			

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
<b>20</b>	<b><u>Average Age of Plant</u></b>	<b>10.9</b>	<b>11.3</b>	<b>1.0</b>
21	Accumulated Depreciation	391,133,000	427,558,000	43,734,000
22	Depreciation and Amortization Expense	35,799,072	37,713,710	43,827,465
<b>H. <u>Utilization Measures Summary</u></b>				
1	Patient Days	151,867	152,490	143,708
2	Discharges	31,234	31,632	32,534
3	ALOS	4.9	4.8	4.4
4	Staffed Beds	595	607	593
5	Available Beds	-	607	593
6	Licensed Beds	595	682	682
7	Occupancy of Staffed Beds	69.9%	68.8%	66.4%
8	Occupancy of Available Beds	69.9%	68.8%	66.4%
9	Full Time Equivalent Employees	3,802.8	3,789.1	3,718.7
<b>I. <u>Hospital Gross Revenue Payer Mix Percentage</u></b>				
1	Non-Government Gross Revenue Payer Mix Percentage	31.2%	30.3%	31.0%
2	Medicare Gross Revenue Payer Mix Percentage	45.2%	46.1%	45.5%
3	Medicaid Gross Revenue Payer Mix Percentage	21.8%	22.0%	21.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.6%	1.4%	1.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$619,634,241	\$638,161,206	\$699,280,062
9	Medicare Gross Revenue (Charges)	\$899,758,861	\$969,572,677	\$1,025,051,235
10	Medicaid Gross Revenue (Charges)	\$432,890,493	\$462,641,312	\$489,322,658
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2014</u></b>	<b><u>FY 2015</u></b>	<b><u>FY 2016</u></b>
12	Uninsured Gross Revenue (Charges)	\$32,505,477	\$29,068,615	\$33,778,505
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$3,841,502	\$4,926,582	\$4,772,036
14	Total Gross Revenue (Charges)	\$1,988,630,574	\$2,104,370,392	\$2,252,204,496
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	43.2%	45.9%	47.1%
2	Medicare Net Revenue Payer Mix Percentage	41.4%	39.1%	38.6%
3	Medicaid Net Revenue Payer Mix Percentage	15.3%	14.6%	13.2%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.1%	0.2%	1.0%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.0%	0.2%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$286,970,914	\$308,142,658	\$335,281,226
9	Medicare Net Revenue (Payments)	\$275,515,865	\$262,764,185	\$274,396,489
10	Medicaid Net Revenue (Payments)	\$101,488,590	\$98,288,600	\$93,915,526
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$735,924	\$1,597,366	\$7,244,680
13	CHAMPUS / TRICARE Net Revenue Payments)	\$329,352	\$1,031,394	\$952,729
14	Total Net Revenue (Payments)	\$665,040,645	\$671,824,203	\$711,790,650
<b>K. Discharges</b>				
1	Non-Government (Including Self Pay / Uninsured)	9,526	9,314	9,579
2	Medicare	13,744	14,409	14,763
3	Medical Assistance	7,876	7,833	8,114
4	Medicaid	7,876	7,833	8,114
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	88	76	78
7	Uninsured (Included In Non-Government)	319	266	306
8	Total	31,234	31,632	32,534
<b>L. Case Mix Index</b>				



<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2014</u></b>	<b><u>FY 2015</u></b>	<b><u>FY 2016</u></b>
1	Non-Government (Including Self Pay / Uninsured)	1.41570	1.45540	1.49260
2	Medicare	1.69600	1.67850	1.74370
3	Medical Assistance	1.15670	1.20700	1.21700
4	Medicaid	1.15670	1.20700	1.21700
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.07000	1.32470	0.94910
7	Uninsured (Included In Non-Government)	1.24480	1.23360	1.26550
8	Total Case Mix Index	1.47276	1.49520	1.53650
<b>M.</b>	<b><u>Emergency Department Visits</u></b>			
1	Emergency Room - Treated and Admitted	17,605	18,352	18,380
2	Emergency Room - Treated and Discharged	65,315	65,364	70,357
3	Total Emergency Room Visits	82,920	83,716	88,737

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$11,472,691	\$17,949,150	\$6,476,459	56%
2	Inpatient Payments	\$3,186,770	\$5,321,700	\$2,134,930	67%
3	Outpatient Charges	\$4,776,595	\$17,917,145	\$13,140,550	275%
4	Outpatient Payments	\$1,147,347	\$4,788,953	\$3,641,606	317%
5	Discharges	198	368	170	86%
6	Patient Days	1,292	2,032	740	57%
7	Outpatient Visits (Excludes ED Visits)	1,136	3,455	2,319	204%
8	Emergency Department Outpatient Visits	292	1,111	819	280%
9	Emergency Department Inpatient Admissions	160	288	128	80%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$16,249,286</b>	<b>\$35,866,295</b>	<b>\$19,617,009</b>	<b>121%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$4,334,117</b>	<b>\$10,110,653</b>	<b>\$5,776,536</b>	<b>133%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$54,861,784	\$51,079,826	(\$3,781,958)	-7%
2	Inpatient Payments	\$15,573,146	\$16,005,239	\$432,093	3%
3	Outpatient Charges	\$24,019,766	\$26,587,568	\$2,567,802	11%
4	Outpatient Payments	\$4,915,007	\$5,485,229	\$570,222	12%
5	Discharges	1,038	1,058	20	2%
6	Patient Days	5,530	4,694	(836)	-15%
7	Outpatient Visits (Excludes ED Visits)	3,501	3,556	55	2%
8	Emergency Department Outpatient Visits	618	630	12	2%
9	Emergency Department Inpatient Admissions	637	604	(33)	-5%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$78,881,550</b>	<b>\$77,667,394</b>	<b>(\$1,214,156)</b>	<b>-2%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$20,488,153</b>	<b>\$21,490,468</b>	<b>\$1,002,315</b>	<b>5%</b>
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$2,531,339	\$3,630,625	\$1,099,286	43%
2	Inpatient Payments	\$1,521,374	\$1,971,792	\$450,418	30%
3	Outpatient Charges	\$800,837	\$798,850	(\$1,987)	0%
4	Outpatient Payments	\$40,260	\$151,591	\$111,331	277%
5	Discharges	85	135	50	59%
6	Patient Days	501	658	157	31%
7	Outpatient Visits (Excludes ED Visits)	98	92	(6)	-6%
8	Emergency Department Outpatient Visits	99	120	21	21%
9	Emergency Department Inpatient Admissions	26	120	94	362%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,332,176</b>	<b>\$4,429,475</b>	<b>\$1,097,299</b>	<b>33%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,561,634</b>	<b>\$2,123,383</b>	<b>\$561,749</b>	<b>36%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$25,859,513	\$19,880,009	(\$5,979,504)	-23%
2	Inpatient Payments	\$6,660,196	\$4,794,346	(\$1,865,850)	-28%
3	Outpatient Charges	\$16,763,762	\$15,569,781	(\$1,193,981)	-7%
4	Outpatient Payments	\$2,433,854	\$2,482,883	\$49,029	2%
5	Discharges	565	457	(108)	-19%
6	Patient Days	3,303	2,264	(1,039)	-31%
7	Outpatient Visits (Excludes ED Visits)	4,506	3,910	(596)	-13%
8	Emergency Department Outpatient Visits	1,225	1,224	(1)	0%
9	Emergency Department Inpatient Admissions	493	383	(110)	-22%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$42,623,275</b>	<b>\$35,449,790</b>	<b>(\$7,173,485)</b>	<b>-17%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$9,094,050</b>	<b>\$7,277,229</b>	<b>(\$1,816,821)</b>	<b>-20%</b>
<b>I. AETNA</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Charges	\$29,790,121	\$35,042,431	\$5,252,310	18%
2	Inpatient Payments	\$8,580,462	\$9,707,139	\$1,126,677	13%
3	Outpatient Charges	\$17,215,266	\$18,913,249	\$1,697,983	10%
4	Outpatient Payments	\$3,673,069	\$3,023,068	(\$650,001)	-18%
5	Discharges	626	737	111	18%
6	Patient Days	3,366	3,659	293	9%
7	Outpatient Visits (Excludes ED Visits)	2,808	2,967	159	6%
8	Emergency Department Outpatient Visits	676	713	37	5%
9	Emergency Department Inpatient Admissions	454	513	59	13%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$47,005,387</b>	<b>\$53,955,680</b>	<b>\$6,950,293</b>	<b>15%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$12,253,531</b>	<b>\$12,730,207</b>	<b>\$476,676</b>	<b>4%</b>
<b>J.</b>	<b>HUMANA</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>K.</b>	<b>SECURE HORIZONS</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L.</b>	<b>UNICARE LIFE &amp; HEALTH INSURANCE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>M.</b>	<b>UNIVERSAL AMERICAN</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N.</b>	<b>EVERCARE</b>				
1	Inpatient Charges	\$61,839,085	\$62,014,351	\$175,266	0%
2	Inpatient Payments	\$17,970,388	\$17,408,984	(\$561,404)	-3%
3	Outpatient Charges	\$33,403,446	\$40,216,726	\$6,813,280	20%
4	Outpatient Payments	\$5,859,919	\$7,443,552	\$1,583,633	27%
5	Discharges	1,237	1,312	75	6%
6	Patient Days	6,957	6,463	(494)	-7%
7	Outpatient Visits (Excludes ED Visits)	6,092	6,792	700	11%
8	Emergency Department Outpatient Visits	1,519	1,833	314	21%
9	Emergency Department Inpatient Admissions	928	979	51	5%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$95,242,531</b>	<b>\$102,231,077</b>	<b>\$6,988,546</b>	<b>7%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$23,830,307</b>	<b>\$24,852,536</b>	<b>\$1,022,229</b>	<b>4%</b>
<b>II.</b>	<b>TOTAL MEDICARE MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$186,354,533</b>	<b>\$189,596,392</b>	<b>\$3,241,859</b>	<b>2%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$53,492,336</b>	<b>\$55,209,200</b>	<b>\$1,716,864</b>	<b>3%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$96,979,672</b>	<b>\$120,003,319</b>	<b>\$23,023,647</b>	<b>24%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$18,069,456</b>	<b>\$23,375,276</b>	<b>\$5,305,820</b>	<b>29%</b>
	<b>TOTAL DISCHARGES</b>	<b>3,749</b>	<b>4,067</b>	<b>318</b>	<b>8%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>20,949</b>	<b>19,770</b>	<b>(1,179)</b>	<b>-6%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>18,141</b>	<b>20,772</b>	<b>2,631</b>	<b>15%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>4,429</b>	<b>5,631</b>	<b>1,202</b>	<b>27%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>2,698</b>	<b>2,887</b>	<b>189</b>	<b>7%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$283,334,205</b>	<b>\$309,599,711</b>	<b>\$26,265,506</b>	<b>9%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$71,561,792</b>	<b>\$78,584,476</b>	<b>\$7,022,684</b>	<b>10%</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E.</b>	<b>WELLCARE OF CONNECTICUT</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F.</b>	<b>FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%



TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015 ACTUAL</u>	<u>FY 2016 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I.	<b><u>ASSETS</u></b>				
A.	<b><u>Current Assets:</u></b>				
1	Cash and Cash Equivalents	\$102,071,000	\$72,316,000	(\$29,755,000)	-29%
2	Short Term Investments	\$33,496,000	\$49,401,000	\$15,905,000	47%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$77,445,000	\$124,168,000	\$46,723,000	60%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,521,000	\$5,754,000	\$4,233,000	278%
5	Due From Affiliates	\$3,400,000	\$3,147,000	(\$253,000)	-7%
6	Due From Third Party Payers	\$0	\$5,513,000	\$5,513,000	0%
7	Inventories of Supplies	\$9,701,000	\$14,316,000	\$4,615,000	48%
8	Prepaid Expenses	\$7,851,000	\$8,569,000	\$718,000	9%
9	Other Current Assets	\$6,745,000	\$13,155,000	\$6,410,000	95%
	<b>Total Current Assets</b>	<b>\$242,230,000</b>	<b>\$296,339,000</b>	<b>\$54,109,000</b>	<b>22%</b>
B.	<b><u>Noncurrent Assets Whose Use is Limited:</u></b>				
1	Held by Trustee	\$48,893,000	\$0	(\$48,893,000)	-100%
2	Board Designated for Capital Acquisition	\$64,100,000	\$139,813,000	\$75,713,000	118%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$4,755,000	\$24,717,000	\$19,962,000	420%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$117,748,000</b>	<b>\$164,530,000</b>	<b>\$46,782,000</b>	<b>40%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$25,097,000	\$52,748,000	\$27,651,000	110%
7	Other Noncurrent Assets	\$15,864,000	\$18,518,000	\$2,654,000	17%
C.	<b><u>Net Fixed Assets:</u></b>				
1	Property, Plant and Equipment	\$912,915,000	\$551,097,000	(\$361,818,000)	-40%
2	Less: Accumulated Depreciation	\$454,078,000	\$49,168,000	(\$404,910,000)	(\$1)
	<b>Property, Plant and Equipment, Net</b>	<b>\$458,837,000</b>	<b>\$501,929,000</b>	<b>\$43,092,000</b>	<b>9%</b>

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015 ACTUAL</u>	<u>FY 2016 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
3	Construction in Progress	\$8,411,000	\$23,674,000	\$15,263,000	181%
	<b>Total Net Fixed Assets</b>	<b>\$467,248,000</b>	<b>\$525,603,000</b>	<b>\$58,355,000</b>	<b>12%</b>
	<b>Total Assets</b>	<b>\$868,187,000</b>	<b>\$1,057,738,000</b>	<b>\$189,551,000</b>	<b>22%</b>
II.	<b><u>LIABILITIES AND NET ASSETS</u></b>				
A.	<b><u>Current Liabilities:</u></b>				
1	Accounts Payable and Accrued Expenses	\$41,686,000	\$68,313,000	\$26,627,000	64%
2	Salaries, Wages and Payroll Taxes	\$51,151,000	\$75,613,000	\$24,462,000	48%
3	Due To Third Party Payers	\$13,630,000	\$15,903,000	\$2,273,000	17%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$7,298,000	\$7,821,000	\$523,000	7%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$8,658,000	\$11,999,000	\$3,341,000	39%
	<b>Total Current Liabilities</b>	<b>\$122,423,000</b>	<b>\$179,649,000</b>	<b>\$57,226,000</b>	<b>47%</b>
B.	<b><u>Long Term Debt:</u></b>				
1	Bonds Payable (Net of Current Portion)	\$244,154,000	\$256,156,000	\$12,002,000	5%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$244,154,000</b>	<b>\$256,156,000</b>	<b>\$12,002,000</b>	<b>5%</b>
3	Accrued Pension Liability	\$320,956,000	\$314,044,000	(\$6,912,000)	-2%
4	Other Long Term Liabilities	\$0	\$79,162,000	\$79,162,000	0%
	<b>Total Long Term Liabilities</b>	<b>\$565,110,000</b>	<b>\$649,362,000</b>	<b>\$84,252,000</b>	<b>15%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	<b><u>Net Assets:</u></b>				
1	Unrestricted Net Assets or Equity	\$101,295,000	\$123,226,000	\$21,931,000	22%
2	Temporarily Restricted Net Assets	\$26,180,000	\$33,642,000	\$7,462,000	29%
3	Permanently Restricted Net Assets	\$53,179,000	\$71,859,000	\$18,680,000	35%

<b>TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION</b>					
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>
<b><u>LINE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>FY 2015 ACTUAL</u></b>	<b><u>FY 2016 ACTUAL</u></b>	<b><u>AMOUNT DIFFERENCE</u></b>	<b><u>% DIFFERENCE</u></b>
	<b>Total Net Assets</b>	<b>\$180,654,000</b>	<b>\$228,727,000</b>	<b>\$48,073,000</b>	<b>27%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$868,187,000</b>	<b>\$1,057,738,000</b>	<b>\$189,551,000</b>	<b>22%</b>

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015 ACTUAL</u>	<u>FY 2016 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$2,433,798,000	\$2,903,594,000	\$469,796,000	19%
2	Less: Allowances	\$1,621,115,000	\$1,902,814,000	\$281,699,000	17%
3	Less: Charity Care	\$14,331,000	\$16,893,000	\$2,562,000	18%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$798,352,000</b>	<b>\$983,887,000</b>	<b>\$185,535,000</b>	<b>23%</b>
5	Provision for Bad Debts	\$25,600,000	\$21,382,000	(\$4,218,000)	-16%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$772,752,000</b>	<b>\$962,505,000</b>	<b>\$189,753,000</b>	<b>25%</b>
6	Other Operating Revenue	\$38,303,000	\$48,990,000	\$10,687,000	28%
7	Net Assets Released from Restrictions	\$10,911,000	\$7,991,000	(\$2,920,000)	-27%
	<b>Total Operating Revenue</b>	<b>\$821,966,000</b>	<b>\$1,019,486,000</b>	<b>\$197,520,000</b>	<b>24%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$378,595,000	\$447,852,000	\$69,257,000	18%
2	Fringe Benefits	\$86,980,000	\$94,930,000	\$7,950,000	9%
3	Physicians Fees	\$24,836,000	\$33,406,000	\$8,570,000	35%
4	Supplies and Drugs	\$119,805,000	\$162,109,000	\$42,304,000	35%
5	Depreciation and Amortization	\$39,696,000	\$50,735,000	\$11,039,000	28%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$11,152,000	\$9,056,000	(\$2,096,000)	-19%
8	Malpractice Insurance Cost	\$6,887,000	\$12,300,000	\$5,413,000	79%
9	Other Operating Expenses	\$148,043,000	\$212,471,000	\$64,428,000	44%
	<b>Total Operating Expenses</b>	<b>\$815,994,000</b>	<b>\$1,022,859,000</b>	<b>\$206,865,000</b>	<b>25%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$5,972,000</b>	<b>(\$3,373,000)</b>	<b>(\$9,345,000)</b>	<b>-156%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	(\$2,530,000)	\$5,917,000	\$8,447,000	-334%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$17,533,000)	\$54,901,000	\$72,434,000	-413%
	<b>Total Non-Operating Revenue</b>	<b>(\$20,063,000)</b>	<b>\$60,818,000</b>	<b>\$80,881,000</b>	<b>-403%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$14,091,000)</b>	<b>\$57,445,000</b>	<b>\$71,536,000</b>	<b>-508%</b>

<b>TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION</b>					
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2015 ACTUAL</b>	<b>FY 2016 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
	<b>Other Adjustments:</b>				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$14,091,000)</b>	<b>\$57,445,000</b>	<b>\$71,536,000</b>	<b>-508%</b>

**TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)**

**TWELVE MONTHS ACTUAL FILING**

**FISCAL YEAR 2016**

**REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS**

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$756,781,000	\$772,752,000	\$962,505,000
2	Other Operating Revenue	48,441,000	49,214,000	56,981,000
3	Total Operating Revenue	\$805,222,000	\$821,966,000	\$1,019,486,000
4	Total Operating Expenses	793,699,000	815,994,000	1,022,859,000
5	Income/(Loss) From Operations	\$11,523,000	\$5,972,000	(\$3,373,000)
6	Total Non-Operating Revenue	1,201,000	(20,063,000)	60,818,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$12,724,000	(\$14,091,000)	\$57,445,000
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	1.43%	0.74%	-0.31%
2	Parent Corporation Non-Operating Margin	0.15%	-2.50%	5.63%
3	Parent Corporation Total Margin	1.58%	-1.76%	5.32%
4	Income/(Loss) From Operations	\$11,523,000	\$5,972,000	(\$3,373,000)
5	Total Operating Revenue	\$805,222,000	\$821,966,000	\$1,019,486,000
6	Total Non-Operating Revenue	\$1,201,000	(\$20,063,000)	\$60,818,000
7	Total Revenue	\$806,423,000	\$801,903,000	\$1,080,304,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$12,724,000	(\$14,091,000)	\$57,445,000
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$137,311,000	\$101,295,000	\$123,226,000
2	Parent Corporation Total Net Assets	\$220,721,000	\$180,654,000	\$228,727,000
3	Parent Corporation Change in Total Net Assets	(\$39,852,000)	(\$40,067,000)	\$48,073,000
4	Parent Corporation Change in Total Net Assets %	84.7%	-18.2%	26.6%

<b>TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
<b>D.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>2.05</b>	<b>1.98</b>	<b>1.65</b>
2	Total Current Assets	\$244,285,000	\$242,230,000	\$296,339,000
3	Total Current Liabilities	\$118,928,000	\$122,423,000	\$179,649,000
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>65</b>	<b>64</b>	<b>46</b>
5	Cash and Cash Equivalents	\$93,155,000	\$102,071,000	\$72,316,000
6	Short Term Investments	\$42,241,000	\$33,496,000	\$49,401,000
7	Total Cash and Short Term Investments	\$135,396,000	\$135,567,000	\$121,717,000
8	Total Operating Expenses	\$793,699,000	\$815,994,000	\$1,022,859,000
9	Depreciation Expense	\$37,887,000	\$39,696,000	\$50,735,000
10	Operating Expenses less Depreciation Expense	\$755,812,000	\$776,298,000	\$972,124,000
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>33</b>	<b>30</b>	<b>43</b>
12	Net Patient Accounts Receivable	\$ 84,904,000	\$ 77,445,000	\$ 124,168,000
13	Due From Third Party Payers	\$0	\$0	\$5,513,000
14	Due To Third Party Payers	\$15,780,000	\$13,630,000	\$15,903,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 69,124,000	\$ 63,815,000	\$ 113,778,000
16	Total Net Patient Revenue	\$756,781,000	\$772,752,000	\$962,505,000
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>57</b>	<b>58</b>	<b>67</b>
18	Total Current Liabilities	\$118,928,000	\$122,423,000	\$179,649,000
19	Total Operating Expenses	\$793,699,000	\$815,994,000	\$1,022,859,000

<b>TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
20	Depreciation Expense	\$37,887,000	\$39,696,000	\$50,735,000
20	Total Operating Expenses less Depreciation Expense	\$755,812,000	\$776,298,000	\$972,124,000
<b>E. Solvency Measures Summary</b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>25.2</b>	<b>20.8</b>	<b>21.6</b>
2	Total Net Assets	\$220,721,000	\$180,654,000	\$228,727,000
3	Total Assets	\$876,759,000	\$868,187,000	\$1,057,738,000
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>13.7</b>	<b>7.0</b>	<b>24.8</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$12,724,000	(\$14,091,000)	\$57,445,000
6	Depreciation Expense	\$37,887,000	\$39,696,000	\$50,735,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$50,611,000	\$25,605,000	\$108,180,000
8	Total Current Liabilities	\$118,928,000	\$122,423,000	\$179,649,000
9	Total Long Term Debt	\$251,476,000	\$244,154,000	\$256,156,000
10	Total Current Liabilities and Total Long Term Debt	\$370,404,000	\$366,577,000	\$435,805,000
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>53.3</b>	<b>57.5</b>	<b>52.8</b>
12	Total Long Term Debt	\$251,476,000	\$244,154,000	\$256,156,000
13	Total Net Assets	\$220,721,000	\$180,654,000	\$228,727,000
14	Total Long Term Debt and Total Net Assets	\$472,197,000	\$424,808,000	\$484,883,000



SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	18,952	18,390	-562	-3%
2	Outpatient Scans (Excluding Emergency Department Scans)	10,131	11,955	1,824	18%
3	Emergency Department Scans	13,249	13,985	736	6%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>42,332</b>	<b>44,330</b>	<b>1,998</b>	<b>5%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	4,585	4,111	-474	-10%
2	Outpatient Scans (Excluding Emergency Department Scans)	8,626	10,147	1,521	18%
3	Emergency Department Scans	558	552	-6	-1%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>13,769</b>	<b>14,810</b>	<b>1,041</b>	<b>8%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	95	132	37	39%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,197	1,264	67	6%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>1,292</b>	<b>1,396</b>	<b>104</b>	<b>8%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	812	601	-211	-26%
2	Outpatient Procedures	14,955	16,892	1,937	13%
	<b>Total Linear Accelerator Procedures</b>	<b>15,767</b>	<b>17,493</b>	<b>1,726</b>	<b>11%</b>
<b>F. Cardiac Catheterization Procedures</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Procedures	1,118	972	-146	-13%
2	Outpatient Procedures	1,240	1,381	141	11%
	<b>Total Cardiac Catheterization Procedures</b>	<b>2,358</b>	<b>2,353</b>	<b>-5</b>	<b>0%</b>
<b>G.</b>	<b><u>Cardiac Angioplasty Procedures</u></b>				
1	Primary Procedures	368	348	-20	-5%
2	Elective Procedures	432	412	-20	-5%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>800</b>	<b>760</b>	<b>-40</b>	<b>-5%</b>
<b>H.</b>	<b><u>Electrophysiology Studies</u></b>				
1	Inpatient Studies	292	318	26	9%
2	Outpatient Studies	345	508	163	47%
	<b>Total Electrophysiology Studies</b>	<b>637</b>	<b>826</b>	<b>189</b>	<b>30%</b>
<b>I.</b>	<b><u>Surgical Procedures</u></b>				
1	Inpatient Surgical Procedures	10,165	10,471	306	3%
2	Outpatient Surgical Procedures	16,080	16,404	324	2%
	<b>Total Surgical Procedures</b>	<b>26,245</b>	<b>26,875</b>	<b>630</b>	<b>2%</b>
<b>J.</b>	<b><u>Endoscopy Procedures</u></b>				
1	Inpatient Endoscopy Procedures	1,556	1,483	-73	-5%
2	Outpatient Endoscopy Procedures	5,418	5,576	158	3%
	<b>Total Endoscopy Procedures</b>	<b>6,974</b>	<b>7,059</b>	<b>85</b>	<b>1%</b>
<b>K.</b>	<b><u>Hospital Emergency Room Visits</u></b>				
1	Emergency Room Visits: Treated and Admitted	18,352	18,380	28	0%
2	Emergency Room Visits: Treated and Discharged	65,364	70,357	4,993	8%
	<b>Total Emergency Room Visits</b>	<b>83,716</b>	<b>88,737</b>	<b>5,021</b>	<b>6%</b>
<b>L.</b>	<b><u>Hospital Clinic Visits</u></b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	9,490	10,943	1,453	15%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	15,536	18,090	2,554	16%
8	Medical Clinic Visits - Other Medical Clinics	24	9	-15	-63%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	1,864	2,058	194	10%
11	Specialty Clinic Visits - Chronic Pain Clinic	1,244	1,286	42	3%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	16,235	16,421	186	1%
	<b>Total Hospital Clinic Visits</b>	<b>44,393</b>	<b>48,807</b>	<b>4,414</b>	<b>10%</b>
<b>M.</b>	<b>Other Hospital Outpatient Visits</b>				
1	Rehabilitation (PT/OT/ST)	909	1,106	197	22%
2	Cardiac Rehabilitation	649	608	-41	-6%
3	Chemotherapy	4,184	5,419	1,235	30%
4	Gastroenterology	1,385	1,741	356	26%
5	Other Outpatient Visits	132,578	138,208	5,630	4%
	<b>Total Other Hospital Outpatient Visits</b>	<b>139,705</b>	<b>147,082</b>	<b>7,377</b>	<b>5%</b>
<b>N.</b>	<b>Hospital Full Time Equivalent Employees</b>				
1	Total Nursing FTEs	1,402.6	1,323.3	-79.3	-6%
2	Total Physician FTEs	38.8	38.1	-0.7	-2%
3	Total Non-Nursing and Non-Physician FTEs	2,347.7	2,357.3	9.6	0%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>3,789.1</b>	<b>3,718.7</b>	<b>-70.4</b>	<b>-2%</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Saint Francis Hospital	15,649	16,142	493	3%
2	SFHMC - Mount Sinai Campus	431	262	-169	-39%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>16,080</b>	<b>16,404</b>	<b>324</b>	<b>2%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Saint Francis Hospital	5,418	5,576	158	3%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>5,418</b>	<b>5,576</b>	<b>158</b>	<b>3%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Saint Francis Hospital	65,364	70,357	4,993	8%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>65,364</b>	<b>70,357</b>	<b>4,993</b>	<b>8%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$671,779,838	\$664,881,344	(\$6,898,494)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$203,954,317	\$203,519,869	(\$434,448)	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.36%	30.61%	0.25%	1%
4	DISCHARGES	14,409	14,763	354	2%
5	CASE MIX INDEX (CMI)	1.67850	1.74370	0.06520	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	24,185.50650	25,742.24310	1,556.73660	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,432.91	\$7,906.07	(\$526.85)	-6%
8	PATIENT DAYS	78,137	71,200	(6,937)	-9%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,610.21	\$2,858.43	\$248.21	10%
10	AVERAGE LENGTH OF STAY	5.4	4.8	(0.6)	-11%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$297,792,839	\$360,169,891	\$62,377,052	21%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$58,809,868	\$70,876,620	\$12,066,752	21%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.75%	19.68%	-0.07%	0%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	44.33%	54.17%	9.84%	22%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,387.35606	7,997.19852	1,609.84246	25%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,207.23	\$8,862.68	(\$344.55)	-4%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$969,572,677	\$1,025,051,235	\$55,478,558	6%
18	TOTAL ACCRUED PAYMENTS	\$262,764,185	\$274,396,489	\$11,632,304	4%
19	TOTAL ALLOWANCES	\$706,808,492	\$750,654,746	\$43,846,254	6%
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$318,649,558	\$334,079,415	\$15,429,857	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$169,220,370	\$178,096,233	\$8,875,863	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	53.11%	53.31%	0.20%	0%
4	DISCHARGES	9,314	9,579	265	3%
5	CASE MIX INDEX (CMI)	1.45540	1.49260	0.03720	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	13,555.59560	14,297.61540	742.01980	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$12,483.43	\$12,456.36	(\$27.07)	0%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$4,050.52)	(\$4,550.29)	(\$499.78)	12%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$54,907,187)	(\$65,058,344)	(\$10,151,158)	18%
10	PATIENT DAYS	35,656	35,380	(276)	-1%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,745.92	\$5,033.81	\$287.90	6%
12	AVERAGE LENGTH OF STAY	3.8	3.7	(0.1)	-4%
<b>NON-GOVERNMENT OUTPATIENT</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$348,580,263	\$398,979,152	\$50,398,889	14%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$140,519,654	\$164,429,673	\$23,910,019	17%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.31%	41.21%	0.90%	2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	109.39%	119.43%	10.03%	9%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	10,188.86262	11,439.85868	1,250.99607	12%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,791.50	\$14,373.40	\$581.91	4%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$4,584.26)	(\$5,510.72)	(\$926.46)	20%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$46,708,434)	(\$63,041,854)	(\$16,333,420)	35%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$667,229,821	\$733,058,567	\$65,828,746	10%
22	TOTAL ACCRUED PAYMENTS	\$309,740,024	\$342,525,906	\$32,785,882	11%
23	TOTAL ALLOWANCES	\$357,489,797	\$390,532,661	\$33,042,864	9%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$101,615,620)	(\$128,100,198)	(\$26,484,578)	26%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$584,513,139	\$640,146,525	\$55,633,386	10%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$285,514,532	\$313,014,119	\$27,499,587	10%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$298,998,607	\$327,132,406	\$28,133,799	9%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.15%	51.10%	-0.05%	
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$7,628,171	\$9,662,604	\$2,034,433	27%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$295,974	\$1,745,819	\$1,449,845	490%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	3.88%	18.07%	14.19%	366%
4	DISCHARGES	266	306	40	15%
5	CASE MIX INDEX (CMI)	1.23360	1.26550	0.03190	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	328.13760	387.24300	59.10540	18%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$901.98	\$4,508.33	\$3,606.35	400%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$11,581.45	\$7,948.03	(\$3,633.42)	-31%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,530.93	\$3,397.74	(\$4,133.20)	-55%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,471,182	\$1,315,750	(\$1,155,433)	-47%
11	PATIENT DAYS	978	1,053	75	8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$302.63	\$1,657.95	\$1,355.32	448%
13	AVERAGE LENGTH OF STAY	3.7	3.4	(0.2)	-6%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$21,440,444	\$24,115,901	\$2,675,457	12%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,301,392	\$5,498,861	\$4,197,469	323%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	6.07%	22.80%	16.73%	276%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	281.07%	249.58%	-31.49%	-11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	747.64424	763.71397	16.06974	2%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,740.66	\$7,200.16	\$5,459.50	314%

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>AMOUNT</b>	<b>%</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>DIFFERENCE</b>	<b>DIFFERENCE</b>
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$12,050.84	\$7,173.24	(\$4,877.60)	-40%
21	MEDICARE - UNINSURED OP PMT / OPED	\$7,466.58	\$1,662.52	(\$5,804.05)	-78%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,582,342	\$1,269,692	(\$4,312,649)	-77%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$29,068,615	\$33,778,505	\$4,709,890	16%
24	TOTAL ACCRUED PAYMENTS	\$1,597,366	\$7,244,680	\$5,647,314	354%
25	TOTAL ALLOWANCES	\$27,471,249	\$26,533,825	(\$937,424)	-3%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,053,524	\$2,585,442	(\$5,468,082)	-68%
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$244,382,955	\$242,767,469	(\$1,615,486)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$55,421,145	\$54,544,225	(\$876,920)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.68%	22.47%	-0.21%	-1%
4	DISCHARGES	7,833	8,114	281	4%
5	CASE MIX INDEX (CMI)	1.20700	1.21700	0.01000	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,454.43100	9,874.73800	420.30700	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,861.92	\$5,523.61	(\$338.31)	-6%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$6,621.51	\$6,932.75	\$311.24	5%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,570.99	\$2,382.45	(\$188.54)	-7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$24,307,267	\$23,526,104	(\$781,163)	-3%
11	PATIENT DAYS	38,467	36,841	(1,626)	-4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,440.75	\$1,480.53	\$39.79	3%
13	AVERAGE LENGTH OF STAY	4.9	4.5	(0.4)	-8%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$218,258,357	\$246,555,189	\$28,296,832	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$42,867,455	\$39,371,301	(\$3,496,154)	-8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.64%	15.97%	-3.67%	-19%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	89.31%	101.56%	12.25%	14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,995.65037	8,240.59670	1,244.94633	18%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,127.73	\$4,777.72	(\$1,350.01)	-22%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$7,663.77	\$9,595.68	\$1,931.91	25%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,079.50	\$4,084.96	\$1,005.45	33%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$21,543,120	\$33,662,479	\$12,119,360	56%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$462,641,312	\$489,322,658	\$26,681,346	6%
24	TOTAL ACCRUED PAYMENTS	\$98,288,600	\$93,915,526	(\$4,373,074)	-4%
25	TOTAL ALLOWANCES	\$364,352,712	\$395,407,132	\$31,054,420	9%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$45,850,386	\$57,188,583	\$11,338,197	25%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$12,483.43	\$12,456.36	(\$27.07)	0%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$8,432.91	\$7,906.07	(\$526.85)	-6%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$13,791.50	\$14,373.40	\$581.91	4%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$9,207.23	\$8,862.68	(\$344.55)	-4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$244,382,955	\$242,767,469	(\$1,615,486)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$55,421,145	\$54,544,225	(\$876,920)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.68%	22.47%	-0.21%	-1%
4	DISCHARGES	7,833	8,114	281	4%
5	CASE MIX INDEX (CMI)	1.20700	1.21700	0.01000	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,454.43100	9,874.73800	420.30700	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,861.92	\$5,523.61	(\$338.31)	-6%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$6,621.51	\$6,932.75	\$311.24	5%



SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,570.99	\$2,382.45	(\$188.54)	-7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$24,307,267	\$23,526,104	(\$781,163)	-3%
11	PATIENT DAYS	38,467	36,841	(1,626)	-4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,440.75	\$1,480.53	\$39.79	3%
13	AVERAGE LENGTH OF STAY	4.9	4.5	(0.4)	-8%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$218,258,357	\$246,555,189	\$28,296,832	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$42,867,455	\$39,371,301	(\$3,496,154)	-8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.64%	15.97%	-3.67%	-19%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	89.31%	101.56%	12.25%	14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,995.65037	8,240.59670	1,244.94633	18%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,127.73	\$4,777.72	(\$1,350.01)	-22%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,663.77	\$9,595.68	\$1,931.91	25%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,079.50	\$4,084.96	\$1,005.45	33%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$21,543,120	\$33,662,479	\$12,119,360	56%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$462,641,312	\$489,322,658	\$26,681,346	6%
24	TOTAL ACCRUED PAYMENTS	\$98,288,600	\$93,915,526	(\$4,373,074)	-4%
25	TOTAL ALLOWANCES	\$364,352,712	\$395,407,132	\$31,054,420	9%
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$1,968,932	\$1,913,473	(\$55,459)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$627,627	\$420,378	(\$207,249)	-33%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.88%	21.97%	-9.91%	-31%
4	DISCHARGES	76	78	2	3%
5	CASE MIX INDEX (CMI)	1.32470	0.94910	(0.37560)	-28%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	100.67720	74.02980	(26.64740)	-26%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,234.05	\$5,678.50	(\$555.56)	-9%
8	PATIENT DAYS	230	287	57	25%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,728.81	\$1,464.73	(\$1,264.08)	-46%
10	AVERAGE LENGTH OF STAY	3.0	3.7	0.7	22%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,957,650	\$2,858,563	(\$99,087)	-3%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$403,767	\$532,351	\$128,584	32%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$4,926,582	\$4,772,036	(\$154,546)	-3%
14	TOTAL ACCRUED PAYMENTS	\$1,031,394	\$952,729	(\$78,665)	-8%
15	TOTAL ALLOWANCES	\$3,895,188	\$3,819,307	(\$75,881)	-2%
<b>H. OTHER DATA</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
1	OTHER OPERATING REVENUE	\$31,281,747	\$37,244,898	\$5,963,151	19%
2	TOTAL OPERATING EXPENSES	\$681,612,332	\$760,697,798	\$79,085,466	12%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$4,105,108	\$7,595,231	\$3,490,123	85%
5	BAD DEBTS (CHARGES)	\$20,980,833	\$14,575,173	(\$6,405,660)	-31%
6	UNCOMPENSATED CARE (CHARGES)	\$25,085,941	\$22,170,404	(\$2,915,537)	-12%
7	COST OF UNCOMPENSATED CARE	\$8,233,256	\$7,228,417	(\$1,004,839)	-12%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$462,641,312	\$489,322,658	\$26,681,346	6%
9	TOTAL ACCRUED PAYMENTS	\$98,288,600	\$93,915,526	(\$4,373,074)	-4%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$151,839,811	\$159,538,289	\$7,698,478	5%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$53,551,211	\$65,622,763	\$12,071,552	23%
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$1,236,781,283	\$1,243,641,701	\$6,860,418	1%
2	TOTAL INPATIENT PAYMENTS	\$429,223,459	\$436,580,705	\$7,357,246	2%
3	TOTAL INPATIENT PAYMENTS / CHARGES	34.70%	35.11%	0.40%	1%
4	TOTAL DISCHARGES	31,632	32,534	902	3%
5	TOTAL CASE MIX INDEX	1.49520	1.53650	0.04130	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	47,296.21030	49,988.62630	2,692.41600	6%
7	TOTAL OUTPATIENT CHARGES	\$867,589,109	\$1,008,562,795	\$140,973,686	16%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	70.15%	81.10%	10.95%	16%
9	TOTAL OUTPATIENT PAYMENTS	\$242,600,744	\$275,209,945	\$32,609,201	13%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.96%	27.29%	-0.68%	-2%
11	TOTAL CHARGES	\$2,104,370,392	\$2,252,204,496	\$147,834,104	7%
12	TOTAL PAYMENTS	\$671,824,203	\$711,790,650	\$39,966,447	6%
13	TOTAL PAYMENTS / TOTAL CHARGES	31.93%	31.60%	-0.32%	-1%
14	PATIENT DAYS	152,490	143,708	(8,782)	-6%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$918,131,725	\$909,562,286	(\$8,569,439)	-1%
2	INPATIENT PAYMENTS	\$260,003,089	\$258,484,472	(\$1,518,617)	-1%
3	GOVT. INPATIENT PAYMENTS / CHARGES	28.32%	28.42%	0.10%	0%
4	DISCHARGES	22,318	22,955	637	3%
5	CASE MIX INDEX	1.51181	1.55483	0.04301	3%
6	CASE MIX ADJUSTED DISCHARGES	33,740.61470	35,691.01090	1,950.39620	6%
7	OUTPATIENT CHARGES	\$519,008,846	\$609,583,643	\$90,574,797	17%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	56.53%	67.02%	10.49%	19%
9	OUTPATIENT PAYMENTS	\$102,081,090	\$110,780,272	\$8,699,182	9%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.67%	18.17%	-1.50%	-8%
11	TOTAL CHARGES	\$1,437,140,571	\$1,519,145,929	\$82,005,358	6%
12	TOTAL PAYMENTS	\$362,084,179	\$369,264,744	\$7,180,565	2%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
13	TOTAL PAYMENTS / CHARGES	25.19%	24.31%	-0.89%	-4%
14	PATIENT DAYS	116,834	108,328	(8,506)	-7%
15	TOTAL GOVERNMENT DEDUCTIONS	\$1,075,056,392	\$1,149,881,185	\$74,824,793	7%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.4	4.8	(0.6)	-11%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	3.7	(0.1)	-4%
3	UNINSURED	3.7	3.4	(0.2)	-6%
4	MEDICAID	4.9	4.5	(0.4)	-8%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	3.0	3.7	0.7	22%
7	TOTAL AVERAGE LENGTH OF STAY	4.8	4.4	(0.4)	-8%
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$2,104,370,392	\$2,252,204,496	\$147,834,104	7%
2	TOTAL GOVERNMENT DEDUCTIONS	\$1,075,056,392	\$1,149,881,185	\$74,824,793	7%
3	UNCOMPENSATED CARE	\$25,085,941	\$22,170,404	(\$2,915,537)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$298,998,607	\$327,132,406	\$28,133,799	9%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,570,848	\$18,713,914	\$4,143,066	28%
6	TOTAL ADJUSTMENTS	\$1,413,711,788	\$1,517,897,909	\$104,186,121	7%
7	TOTAL ACCRUED PAYMENTS	\$690,658,604	\$734,306,587	\$43,647,983	6%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$690,658,604	\$734,306,587	\$43,647,983	6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3282020155	0.3260390379	(0.0021629776)	-1%
11	COST OF UNCOMPENSATED CARE	\$8,233,256	\$7,228,417	(\$1,004,839)	-12%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$53,551,211	\$65,622,763	\$12,071,552	23%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND				
	MEDICAL ASSISTANCE UNDERPAYMENT	\$61,784,467	\$72,851,180	\$11,066,712	18%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$21,543,120	\$33,662,479	\$12,119,360	56%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,053,524	\$2,585,442	(\$5,468,082)	-68%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$29,596,644	\$36,247,921	\$6,651,277	22%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$25,885,100	\$28,330,647	\$2,445,547	9.45%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$22,591,203)	\$18,670,350	\$41,261,553	-182.64%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$649,233,000	\$730,461,000	\$81,228,000	12.51%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$75,695,608	\$1,458,143,504	\$1,382,447,896	1826.33%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$2,180,066,000	\$3,710,348,000	\$1,530,282,000	70.19%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$11,490,059	\$22,818,596	\$11,328,537	98.59%

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>AMOUNT</b>	<b>%</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>DIFFERENCE</b>	<b>DIFFERENCE</b>
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$36,576,000	\$44,989,000	\$8,413,000	23.00%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2016**  
**REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND**  
**BASELINE UNDERPAYMENT DATA**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2015	FY 2016	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$318,649,558	\$334,079,415	\$15,429,857
2	MEDICARE	\$671,779,838	664,881,344	(\$6,898,494)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$244,382,955	242,767,469	(\$1,615,486)
4	MEDICAID	\$244,382,955	242,767,469	(\$1,615,486)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,968,932	1,913,473	(\$55,459)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,628,171	9,662,604	\$2,034,433
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$918,131,725</b>	<b>\$909,562,286</b>	<b>(\$8,569,439)</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$1,236,781,283</b>	<b>\$1,243,641,701</b>	<b>\$6,860,418</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$348,580,263	\$398,979,152	\$50,398,889
2	MEDICARE	\$297,792,839	360,169,891	\$62,377,052
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$218,258,357	246,555,189	\$28,296,832
4	MEDICAID	\$218,258,357	246,555,189	\$28,296,832
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$2,957,650	2,858,563	(\$99,087)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$21,440,444	24,115,901	\$2,675,457
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$519,008,846</b>	<b>\$609,583,643</b>	<b>\$90,574,797</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$867,589,109</b>	<b>\$1,008,562,795</b>	<b>\$140,973,686</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$667,229,821	\$733,058,567	\$65,828,746
2	TOTAL MEDICARE	\$969,572,677	\$1,025,051,235	\$55,478,558
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$462,641,312	\$489,322,658	\$26,681,346
4	TOTAL MEDICAID	\$462,641,312	\$489,322,658	\$26,681,346
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$4,926,582	\$4,772,036	(\$154,546)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$29,068,615	\$33,778,505	\$4,709,890
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$1,437,140,571</b>	<b>\$1,519,145,929</b>	<b>\$82,005,358</b>
	<b>TOTAL CHARGES</b>	<b>\$2,104,370,392</b>	<b>\$2,252,204,496</b>	<b>\$147,834,104</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$169,220,370	\$178,096,233	\$8,875,863
2	MEDICARE	\$203,954,317	203,519,869	(\$434,448)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$55,421,145	54,544,225	(\$876,920)
4	MEDICAID	\$55,421,145	54,544,225	(\$876,920)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$627,627	420,378	(\$207,249)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$295,974	1,745,819	\$1,449,845
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$260,003,089</b>	<b>\$258,484,472</b>	<b>(\$1,518,617)</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$429,223,459</b>	<b>\$436,580,705</b>	<b>\$7,357,246</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$140,519,654	\$164,429,673	\$23,910,019
2	MEDICARE	\$58,809,868	70,876,620	\$12,066,752
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$42,867,455	39,371,301	(\$3,496,154)
4	MEDICAID	\$42,867,455	39,371,301	(\$3,496,154)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$403,767	532,351	\$128,584
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,301,392	5,498,861	\$4,197,469
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$102,081,090</b>	<b>\$110,780,272</b>	<b>\$8,699,182</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$242,600,744</b>	<b>\$275,209,945</b>	<b>\$32,609,201</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$309,740,024	\$342,525,906	\$32,785,882
2	TOTAL MEDICARE	\$262,764,185	\$274,396,489	\$11,632,304
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$98,288,600	\$93,915,526	(\$4,373,074)
4	TOTAL MEDICAID	\$98,288,600	\$93,915,526	(\$4,373,074)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,031,394	\$952,729	(\$78,665)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,597,366	\$7,244,680	\$5,647,314
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$362,084,179</b>	<b>\$369,264,744</b>	<b>\$7,180,565</b>
	<b>TOTAL PAYMENTS</b>	<b>\$671,824,203</b>	<b>\$711,790,650</b>	<b>\$39,966,447</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2016						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)	(5)	
LINE	DESCRIPTION	ACTUAL 2015	FY	ACTUAL 2016	FY	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>						
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		15.14%		14.83%	-0.31%
2	MEDICARE		31.92%		29.52%	-2.40%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		11.61%		10.78%	-0.83%
4	MEDICAID		11.61%		10.78%	-0.83%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.09%		0.08%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.36%		0.43%	0.07%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>		<b>43.63%</b>		<b>40.39%</b>	<b>-3.24%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>		<b>58.77%</b>		<b>55.22%</b>	<b>-3.55%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		16.56%		17.72%	1.15%
2	MEDICARE		14.15%		15.99%	1.84%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		10.37%		10.95%	0.58%
4	MEDICAID		10.37%		10.95%	0.58%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.14%		0.13%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		1.02%		1.07%	0.05%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>		<b>24.66%</b>		<b>27.07%</b>	<b>2.40%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>		<b>41.23%</b>		<b>44.78%</b>	<b>3.55%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>		<b>100.00%</b>		<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		25.19%		25.02%	-0.17%
2	MEDICARE		30.36%		28.59%	-1.77%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		8.25%		7.66%	-0.59%
4	MEDICAID		8.25%		7.66%	-0.59%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.09%		0.06%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.04%		0.25%	0.20%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>		<b>38.70%</b>		<b>36.31%</b>	<b>-2.39%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>		<b>63.89%</b>		<b>61.34%</b>	<b>-2.55%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		20.92%		23.10%	2.18%
2	MEDICARE		8.75%		9.96%	1.20%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		6.38%		5.53%	-0.85%
4	MEDICAID		6.38%		5.53%	-0.85%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.06%		0.07%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.19%		0.77%	0.58%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>		<b>15.19%</b>		<b>15.56%</b>	<b>0.37%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>		<b>36.11%</b>		<b>38.66%</b>	<b>2.55%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>		<b>100.00%</b>		<b>100.00%</b>	<b>0.00%</b>
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>						
<b>A. DISCHARGES</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		9,314		9,579	265
2	MEDICARE		14,409		14,763	354
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		7,833		8,114	281
4	MEDICAID		7,833		8,114	281
5	OTHER MEDICAL ASSISTANCE		0		0	-
6	CHAMPUS / TRICARE		76		78	2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		266		306	40
	<b>TOTAL GOVERNMENT DISCHARGES</b>		<b>22,318</b>		<b>22,955</b>	<b>637</b>

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2016**  
**REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND**  
**BASELINE UNDERPAYMENT DATA**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2015	FY 2016	AMOUNT DIFFERENCE
	<b>TOTAL DISCHARGES</b>	31,632	32,534	902
<b>B.</b>	<b>PATIENT DAYS</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35,656	35,380	(276)
2	MEDICARE	78,137	71,200	(6,937)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38,467	36,841	(1,626)
4	MEDICAID	38,467	36,841	(1,626)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	230	287	57
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	978	1,053	75
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>116,834</b>	<b>108,328</b>	<b>(8,506)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>152,490</b>	<b>143,708</b>	<b>(8,782)</b>
<b>C.</b>	<b>AVERAGE LENGTH OF STAY (ALOS)</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	3.7	(0.1)
2	MEDICARE	5.4	4.8	(0.6)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.9	4.5	(0.4)
4	MEDICAID	4.9	4.5	(0.4)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	3.0	3.7	0.7
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.7	3.4	(0.2)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>5.2</b>	<b>4.7</b>	<b>(0.5)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>4.8</b>	<b>4.4</b>	<b>(0.4)</b>
<b>D.</b>	<b>CASE MIX INDEX</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.45540	1.49260	0.03720
2	MEDICARE	1.67850	1.74370	0.06520
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.20700	1.21700	0.01000
4	MEDICAID	1.20700	1.21700	0.01000
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.32470	0.94910	(0.37560)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.23360	1.26550	0.03190
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.51181</b>	<b>1.55483</b>	<b>0.04301</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.49520</b>	<b>1.53650</b>	<b>0.04130</b>
<b>E.</b>	<b>OTHER REQUIRED DATA</b>			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$584,513,139	\$640,146,525	\$55,633,386
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$285,514,532	\$313,014,119	\$27,499,587
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$298,998,607	\$327,132,406	\$28,133,799
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.15%	51.10%	-0.05%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$25,885,100	\$28,330,647	\$2,445,547
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,570,848	\$18,713,914	\$4,143,066
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$4,105,108	\$7,595,231	\$3,490,123
9	BAD DEBTS	\$20,980,833	\$14,575,173	(\$6,405,660)
10	TOTAL UNCOMPENSATED CARE	\$25,085,941	\$22,170,404	(\$2,915,537)
11	TOTAL OTHER OPERATING REVENUE	\$31,281,747	\$37,244,898	\$5,963,151
12	TOTAL OPERATING EXPENSES	\$681,612,332	\$760,697,798	\$79,085,466
<b>IV.</b>	<b>DSH UPPER PAYMENT LIMIT CALCULATIONS</b>			
<b>A.</b>	<b>CASE MIX ADJUSTED DISCHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13,555.59560	14,297.61540	742.01980
2	MEDICARE	24,185.50650	25,742.24310	1,556.73660
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,454.43100	9,874.73800	420.30700
4	MEDICAID	9,454.43100	9,874.73800	420.30700
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	100.67720	74.02980	(26.64740)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	328.13760	387.24300	59.10540

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2015	FY ACTUAL 2016	AMOUNT DIFFERENCE
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	33,740.61470	35,691.01090	1,950.39620
	TOTAL CASE MIX ADJUSTED DISCHARGES	47,296.21030	49,988.62630	2,692.41600
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,188.86262	11,439.85868	1,250.99607
2	MEDICARE	6,387.35606	7,997.19852	1,609.84246
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,995.65037	8,240.59670	1,244.94633
4	MEDICAID	6,995.65037	8,240.59670	1,244.94633
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	114.16413	116.52525	2.36112
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	747.64424	763.71397	16.06974
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	13,497.17056	16,354.32047	2,857.14991
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	23,686.03317	27,794.17915	4,108.14598
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,483.43	\$12,456.36	(\$27.07)
2	MEDICARE	\$8,432.91	\$7,906.07	(\$526.85)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,861.92	\$5,523.61	(\$338.31)
4	MEDICAID	\$5,861.92	\$5,523.61	(\$338.31)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$6,234.05	\$5,678.50	(\$555.56)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$901.98	\$4,508.33	\$3,606.35
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,705.94	\$7,242.28	(\$463.65)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,075.22	\$8,733.60	(\$341.62)
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,791.50	\$14,373.40	\$581.91
2	MEDICARE	\$9,207.23	\$8,862.68	(\$344.55)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,127.73	\$4,777.72	(\$1,350.01)
4	MEDICAID	\$6,127.73	\$4,777.72	(\$1,350.01)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$3,536.72	\$4,568.55	\$1,031.82
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,740.66	\$7,200.16	\$5,459.50
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,563.15	\$6,773.76	(\$789.39)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$10,242.35	\$9,901.71	(\$340.64)
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$21,543,120	\$33,662,479	\$12,119,360
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,053,524	\$2,585,442	(\$5,468,082)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$29,596,644	\$36,247,921	\$6,651,277
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$2,104,370,392	\$2,252,204,496	\$147,834,104
2	TOTAL GOVERNMENT DEDUCTIONS	\$1,075,056,392	\$1,149,881,185	\$74,824,793
3	UNCOMPENSATED CARE	\$25,085,941	\$22,170,404	(\$2,915,537)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$298,998,607	\$327,132,406	\$28,133,799
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,570,848	\$18,713,914	\$4,143,066
6	TOTAL ADJUSTMENTS	\$1,413,711,788	\$1,517,897,909	\$104,186,121
7	TOTAL ACCRUED PAYMENTS	\$690,658,604	\$734,306,587	\$43,647,983
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$690,658,604	\$734,306,587	\$43,647,983
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3282020155	0.3260390379	(0.0021629776)
11	COST OF UNCOMPENSATED CARE	\$8,233,256	\$7,228,417	(\$1,004,839)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$53,551,211	\$65,622,763	\$12,071,552
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$61,784,467	\$72,851,180	\$11,066,712
<b>VII. RATIOS</b>				



**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2016**  
**REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND**  
**BASELINE UNDERPAYMENT DATA**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2015	FY 2016	AMOUNT DIFFERENCE
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	53.11%	53.31%	0.20%
2	MEDICARE	30.36%	30.61%	0.25%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22.68%	22.47%	-0.21%
4	MEDICAID	22.68%	22.47%	-0.21%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	31.88%	21.97%	-9.91%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.88%	18.07%	14.19%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>28.32%</b>	<b>28.42%</b>	<b>0.10%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>34.70%</b>	<b>35.11%</b>	<b>0.40%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.31%	41.21%	0.90%
2	MEDICARE	19.75%	19.68%	-0.07%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19.64%	15.97%	-3.67%
4	MEDICAID	19.64%	15.97%	-3.67%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	13.65%	18.62%	4.97%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6.07%	22.80%	16.73%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>19.67%</b>	<b>18.17%</b>	<b>-1.50%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>27.96%</b>	<b>27.29%</b>	<b>-0.68%</b>
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$671,824,203	\$711,790,650	\$39,966,447
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$671,824,203</b>	<b>\$711,790,650</b>	<b>\$39,966,447</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$22,591,203)	\$18,670,350	\$41,261,553
4	<b>CALCULATED NET REVENUE</b>	<b>\$681,528,085</b>	<b>\$730,461,000</b>	<b>\$48,932,915</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$649,233,000	\$730,461,000	\$81,228,000
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$32,295,085</b>	<b>\$0</b>	<b>(\$32,295,085)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$2,104,370,392	\$2,252,204,496	\$147,834,104
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$75,695,608	\$1,458,143,504	\$1,382,447,896
	<b>CALCULATED GROSS REVENUE</b>	<b>\$2,180,066,000</b>	<b>\$3,710,348,000</b>	<b>\$1,530,282,000</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$2,180,066,000	\$3,710,348,000	\$1,530,282,000
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$25,085,941	\$22,170,404	(\$2,915,537)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$11,490,059	\$22,818,596	\$11,328,537
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$36,576,000</b>	<b>\$44,989,000</b>	<b>\$8,413,000</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$36,576,000	\$44,989,000	\$8,413,000
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2016</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2016</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$334,079,415
2	MEDICARE	664,881,344
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	242,767,469
4	MEDICAID	242,767,469
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,913,473
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9,662,604
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$909,562,286</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$1,243,641,701</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$398,979,152
2	MEDICARE	360,169,891
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	246,555,189
4	MEDICAID	246,555,189
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	2,858,563
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	24,115,901
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$609,583,643</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$1,008,562,795</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$733,058,567
2	TOTAL GOVERNMENT ACCRUED CHARGES	1,519,145,929
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$2,252,204,496</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$178,096,233
2	MEDICARE	203,519,869
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	54,544,225
4	MEDICAID	54,544,225
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	420,378
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,745,819
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$258,484,472</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$436,580,705</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$164,429,673
2	MEDICARE	70,876,620
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	39,371,301
4	MEDICAID	39,371,301
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	532,351
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5,498,861
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$110,780,272</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$275,209,945</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$342,525,906
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	369,264,744
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$711,790,650</b>

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2016</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2016</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,579
2	MEDICARE	14,763
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,114
4	MEDICAID	8,114
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	78
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	306
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>22,955</b>
	<b>TOTAL DISCHARGES</b>	<b>32,534</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.49260
2	MEDICARE	1.74370
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.21700
4	MEDICAID	1.21700
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.94910
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.26550
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.55483</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.53650</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$640,146,525
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$313,014,119
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$327,132,406
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.10%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$28,330,647
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$18,713,914
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - <b>OHCA INPUT</b> )	\$0
8	CHARITY CARE	\$7,595,231
9	BAD DEBTS	\$14,575,173
10	TOTAL UNCOMPENSATED CARE	\$22,170,404
11	TOTAL OTHER OPERATING REVENUE	\$37,244,898
12	TOTAL OPERATING EXPENSES	\$760,697,798
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$711,790,650
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) ( <b>OHCA INPUT</b> )	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$711,790,650</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$18,670,350
	<b>CALCULATED NET REVENUE</b>	<b>\$730,461,000</b>

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2016</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2016</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$730,461,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$2,252,204,496
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$1,458,143,504
	<b>CALCULATED GROSS REVENUE</b>	<b>\$3,710,348,000</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$3,710,348,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$22,170,404
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$22,818,596
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$44,989,000</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$44,989,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	940	388	(552)	-59%
2	Number of Approved Applicants	579	197	(382)	-66%
3	<b>Total Charges (A)</b>	<b>\$4,105,108</b>	<b>\$7,595,231</b>	<b>\$3,490,123</b>	<b>85%</b>
4	<b>Average Charges</b>	<b>\$7,090</b>	<b>\$38,554</b>	<b>\$31,464</b>	<b>444%</b>
5	Ratio of Cost to Charges (RCC)	0.330563	0.319159	(0.011404)	-3%
6	<b>Total Cost</b>	<b>\$1,356,997</b>	<b>\$2,424,086</b>	<b>\$1,067,090</b>	<b>79%</b>
7	<b>Average Cost</b>	<b>\$2,344</b>	<b>\$12,305</b>	<b>\$9,961</b>	<b>425%</b>
8	Charity Care - Inpatient Charges	\$1,268,357	\$2,810,199	\$1,541,842	122%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	2,153,242	2,035,716	(117,526)	-5%
10	Charity Care - Emergency Department Charges	683,509	2,749,316	2,065,807	302%
11	<b>Total Charges (A)</b>	<b>\$4,105,108</b>	<b>\$7,595,231</b>	<b>\$3,490,123</b>	<b>85%</b>
12	Charity Care - Number of Patient Days	818	1,612	794	97%
13	Charity Care - Number of Discharges	162	338	176	109%
14	Charity Care - Number of Outpatient ED Visits	431	1,280	849	197%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,854	3,188	1,334	72%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$7,540,268	\$5,364,713	(\$2,175,555)	-29%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	4,334,601	3,353,583	(981,018)	-23%
3	Bad Debts - Emergency Department	9,105,964	5,856,877	(3,249,087)	-36%
4	<b>Total Bad Debts (A)</b>	<b>\$20,980,833</b>	<b>\$14,575,173</b>	<b>(\$6,405,660)</b>	<b>-31%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$4,105,108	\$7,595,231	\$3,490,123	85%
2	Bad Debts (A)	20,980,833	14,575,173	(6,405,660)	-31%
3	<b>Total Uncompensated Care (A)</b>	<b>\$25,085,941</b>	<b>\$22,170,404</b>	<b>(\$2,915,537)</b>	<b>-12%</b>
4	Uncompensated Care - Inpatient Services	\$8,808,625	\$8,174,912	(\$633,713)	-7%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	6,487,843	5,389,299	(1,098,544)	-17%
6	Uncompensated Care - Emergency Department	9,789,473	8,606,193	(1,183,280)	-12%
7	<b>Total Uncompensated Care (A)</b>	<b>\$25,085,941</b>	<b>\$22,170,404</b>	<b>(\$2,915,537)</b>	<b>-12%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u>	<u>ACTUAL TOTAL</u>	<u>AMOUNT</u>	<u>%</u>
		<u>NON-GOVERNMENT</u>	<u>NON-GOVERNMENT</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$584,513,139	\$640,146,525	\$55,633,386	10%
2	Total Contractual Allowances	\$298,998,607	\$327,132,406	\$28,133,799	9%
	<b>Total Accrued Payments (A)</b>	<b>\$285,514,532</b>	<b>\$313,014,119</b>	<b>\$27,499,587</b>	<b>10%</b>
	<b>Total Discount Percentage</b>	<b>51.15%</b>	<b>51.10%</b>	<b>-0.05%</b>	<b>0%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER							
TWELVE MONTHS ACTUAL FILING							
FISCAL YEAR 2016							
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE							
(1)	(2)	(3)		(4)		(5)	
LINE	DESCRIPTION	ACTUAL 2014	FY	ACTUAL 2015	FY	ACTUAL 2016	FY
<b>A. Gross and Net Revenue</b>							
1	Inpatient Gross Revenue	\$1,145,272,737		\$1,236,781,283		\$1,243,641,701	
2	Outpatient Gross Revenue	\$843,357,837		\$867,589,109		\$1,008,562,795	
3	Total Gross Patient Revenue	\$1,988,630,574		\$2,104,370,392		\$2,252,204,496	
4	Net Patient Revenue	\$648,781,738		\$649,231,569		\$730,460,340	
<b>B. Total Operating Expenses</b>							
1	Total Operating Expense	\$666,788,583		\$681,612,332		\$760,697,798	
<b>C. Utilization Statistics</b>							
1	Patient Days		151,867		152,490		143,708
2	Discharges		31,234		31,632		32,534
3	Average Length of Stay		4.9		4.8		4.4
4	Equivalent (Adjusted) Patient Days (EPD)		263,699		259,460		260,252
0	Equivalent (Adjusted) Discharges (ED)		54,234		53,822		58,918
<b>D. Case Mix Statistics</b>							
1	Case Mix Index		1.47276		1.49520		1.53650
2	Case Mix Adjusted Patient Days (CMAPD)		223,663		228,003		220,808
3	Case Mix Adjusted Discharges (CMAD)		46,000		47,296		49,989
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)		388,365		387,945		399,878
5	Case Mix Adjusted Equivalent Discharges (CMAED)		79,874		80,474		90,528
<b>E. Gross Revenue Per Statistic</b>							
1	Total Gross Revenue per Patient Day		\$13,095		\$13,800		\$15,672
2	Total Gross Revenue per Discharge		\$63,669		\$66,527		\$69,226
3	Total Gross Revenue per EPD		\$7,541		\$8,111		\$8,654
4	Total Gross Revenue per ED		\$36,668		\$39,099		\$38,226
5	Total Gross Revenue per CMAEPD		\$5,121		\$5,424		\$5,632
6	Total Gross Revenue per CMAED		\$24,897		\$26,150		\$24,878
7	Inpatient Gross Revenue per EPD		\$4,343		\$4,767		\$4,779
8	Inpatient Gross Revenue per ED		\$21,117		\$22,979		\$21,108
<b>F. Net Revenue Per Statistic</b>							

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2016						
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE						
(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL 2014	FY	ACTUAL 2015	FY	ACTUAL 2016
1	Net Patient Revenue per Patient Day		\$4,272		\$4,258	\$5,083
2	Net Patient Revenue per Discharge		\$20,772		\$20,525	\$22,452
3	Net Patient Revenue per EPD		\$2,460		\$2,502	\$2,807
4	Net Patient Revenue per ED		\$11,963		\$12,063	\$12,398
5	Net Patient Revenue per CMAEPD		\$1,671		\$1,674	\$1,827
6	Net Patient Revenue per CMAED		\$8,123		\$8,068	\$8,069
<b>G. Operating Expense Per Statistic</b>						
1	Total Operating Expense per Patient Day		\$4,391		\$4,470	\$5,293
2	Total Operating Expense per Discharge		\$21,348		\$21,548	\$23,382
3	Total Operating Expense per EPD		\$2,529		\$2,627	\$2,923
4	Total Operating Expense per ED		\$12,295		\$12,664	\$12,911
5	Total Operating Expense per CMAEPD		\$1,717		\$1,757	\$1,902
6	Total Operating Expense per CMAED		\$8,348		\$8,470	\$8,403
<b>H. Nursing Salary and Fringe Benefits Expense</b>						
1	Nursing Salary Expense		\$100,600,169		\$112,764,341	\$111,359,940
2	Nursing Fringe Benefits Expense		\$27,335,819		\$29,800,759	\$27,935,730
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>		<b>\$127,935,988</b>		<b>\$142,565,100</b>	<b>\$139,295,670</b>
<b>I. Physician Salary and Fringe Expense</b>						
1	Physician Salary Expense		\$5,213,156		\$5,224,559	\$4,782,238
2	Physician Fringe Benefits Expense		\$1,416,557		\$1,380,719	\$1,199,671
3	<b>Total Physician Salary and Fringe Benefits Expense</b>		<b>\$6,629,713</b>		<b>\$6,605,278</b>	<b>\$5,981,909</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>						
1	Non-Nursing, Non-Physician Salary Expense		\$148,405,212		\$139,632,328	\$141,852,922
2	Non-Nursing, Non-Physician Fringe Benefits Expense		\$40,325,757		\$36,901,287	\$35,588,192
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>		<b>\$188,730,969</b>		<b>\$176,533,615</b>	<b>\$177,441,114</b>
<b>K. Total Salary and Fringe Benefits Expense</b>						
1	Total Salary Expense		\$254,218,537		\$257,621,228	\$257,995,100
2	Total Fringe Benefits Expense		\$69,078,133		\$68,082,765	\$64,723,593
3	<b>Total Salary and Fringe Benefits Expense</b>		<b>\$323,296,670</b>		<b>\$325,703,993</b>	<b>\$322,718,693</b>



SAINT FRANCIS HOSPITAL AND MEDICAL CENTER							
TWELVE MONTHS ACTUAL FILING							
FISCAL YEAR 2016							
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE							
(1)	(2)	(3)		(4)		(5)	
LINE	DESCRIPTION	ACTUAL 2014	FY	ACTUAL 2015	FY	ACTUAL 2016	FY
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>						
1	Total Nursing FTEs		1322.9		1402.6		1323.3
2	Total Physician FTEs		40.0		38.8		38.1
3	Total Non-Nursing, Non-Physician FTEs		2439.9		2347.7		2357.3
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>		<b>3,802.8</b>		<b>3,789.1</b>		<b>3,718.7</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>						
1	Nursing Salary Expense per FTE		\$76,045		\$80,397		\$84,153
2	Nursing Fringe Benefits Expense per FTE		\$20,664		\$21,247		\$21,111
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>		<b>\$96,709</b>		<b>\$101,643</b>		<b>\$105,264</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>						
1	Physician Salary Expense per FTE		\$130,329		\$134,654		\$125,518
2	Physician Fringe Benefits Expense per FTE		\$35,414		\$35,586		\$31,487
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>		<b>\$165,743</b>		<b>\$170,239</b>		<b>\$157,005</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>						
1	Non-Nursing, Non-Physician Salary Expense per FTE		\$60,824		\$59,476		\$60,176
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE		\$16,528		\$15,718		\$15,097
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>		<b>\$77,352</b>		<b>\$75,194</b>		<b>\$75,273</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>						
1	Total Salary Expense per FTE		\$66,850		\$67,990		\$69,378
2	Total Fringe Benefits Expense per FTE		\$18,165		\$17,968		\$17,405
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>		<b>\$85,015</b>		<b>\$85,958</b>		<b>\$86,783</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>						
1	Total Salary and Fringe Benefits Expense per Patient Day		\$2,129		\$2,136		\$2,246
2	Total Salary and Fringe Benefits Expense per Discharge		\$10,351		\$10,297		\$9,919
3	Total Salary and Fringe Benefits Expense per EPD		\$1,226		\$1,255		\$1,240
4	Total Salary and Fringe Benefits Expense per ED		\$5,961		\$6,052		\$5,477
5	Total Salary and Fringe Benefits Expense per CMAEPD		\$832		\$840		\$807
6	Total Salary and Fringe Benefits Expense per CMAED		\$4,048		\$4,047		\$3,565